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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 132000001		CITY OR TOWN	WALTHAM
APPLICATIO	N FOR RENEWAL	Annual	LICENSE	ED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: E & CL,INC	2.		
DOING BUSI	NESS A SATO RES	STAURANT		
ADDRESS 47	5 WINTER STREE	Γ		
CITY/TOWN:	WALTHAM	STATE: MA	ZIP CODE:	02451
MANAGER:	CHIU-LIN- CYNTHIA	TYPE OF LICENSE: F	destaurant CAT	TEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
	AND FRONT AND	TELY 2,000 SQ. FT. ON I REAR EXITS, TWO BA		
I hereby certify	and swear under pe	enalties of perjury that:		
1. the	renewed license wil	be of the same type for the	ne same premises now li	censed;
2. the	licensee has complie	ed with all laws of the Cor	nmonwealth relating to t	axes; and
3. the	premises are now of	en for business (If not ex	plain below)	
SIGNED BY:	T. 41 14 .1 1	Danta and A. dani's al-Can	020	
	Individual, I	Partner or Authorized Cor	porate Officer	
DATE:			EMPLOYED II	DENTIFICATION NUMBER:
DITTE.	TELE	PHONE NUMBER:		idual Social Security Number)
	-	we are in possession (1) the he	_	by Chapter 304 of the ent for the above named
		liquor liability insurance	_	
Please Check Belo	ow:		LOCAL LICENSIN	NG AUTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	l explain)			
DATE:				
D.1111.				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132000002		CITY OR TOV	WN WALTHA	AM
APPLICATION FOR RENEWAL:	Annual	LIC	CENSED FOR	2013
	CLASS			YEAR
LICENSEE NAME: Bentley University				
DOING BUSINESS A Bentley College/I	LaCAva			
ADDRESS 175 FOREST ST.				
CITY/TOWN: WALTHAM	STATE: MA	ZIP CODE	02452	
MANAGER: BRITT, JULIANNE TYPE	PE OF LICENSE: Clu	b	CATEGORY	: All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS		<u></u>
DESCRIPTION OF LICENSED PREMIS	SES:			
LA CAVA CENTER, UPPER CAFETER MULTI PURPOSE ROOMS-300,305,320 AND LOWER CAF ON 1ST FLR. STOR TO LOADING DOCK ON 2ND FLR	0,325,333,340 AND	ART GALLERY	Y ON 2ND FLR	a. PUB
I hereby certify and swear under penalties	of perjury that:			
1. the renewed license will be of	the same type for the	same premises	now licensed;	
2. the licensee has complied with			ng to taxes; and	I
3. the premises are now open for	business (If not expla	in below)		
SIGNED BY: Individual, Partner	or Authorized Corpo	rate Officer		
DATE: TELEPHON	E NUMBER:		OYER IDENTIFICA Individual Social	
We the undersigned, attest that we are Acts of 2004, signed by the building ins license and (2) the certificate of liquor	spector and the head	of the fire dep	artment for th	e above named
Please Check Below:		LOCAL LIC	ENSING AUTH	HORITY
APPROVED:		By:		
DISAPPROVED: (If disapproved explain)				
(II disappioved expiani)				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1320000	103	CITY OR TOWN	WALTHAN	M
APPLICATION FOR RENEW	Al: Annual	LICEN	SED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: DANTE	ALIGHIERI LODGE #648 V	VALTHAM		
DOING BUSINESS A ORDE	R OF SONS OF ITALY IN A	MERICA		
ADDRESS 99 CEDAR ST.				
CITY/TOWN: WALTHAM	STATE: MA	ZIP CODE:	02453	
MANAGER: LUPO, ANTHO	ONY TYPE OF LICENSE:C	lub C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSE BAR ROOM AND STORAGE SECOND FLOOR			N FIRST AN	D
I hereby certify and swear unde	er penalties of perjury that:			
	will be of the same type for the	•		
	iplied with all laws of the Con	_	o taxes; and	
3. the premises are nov	w open for business (If not exp	olain below)		
SIGNED BY:				
	al, Partner or Authorized Cor	porate Officer		
DATE: THE	ELEPHONE NUMBER:		R IDENTIFICAT	
		(Note: NOT Inc	dividual Social S	ecurity Number)
We the undersigned, attest the Acts of 2004, signed by the blicense and (2) the certificate	uilding inspector and the he	ad of the fire depart	ment for the	above named
Please Check Below:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED: DISAPPROVED:		By:		
(If disapproved explain)				
(sappro - ca empiani)				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBEK: 132000006	•	CITY OR TOWN WALTHAM
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
LICENSEE NA	AME: FRENCH-AN	MERICAN VICTORY CLUI	B INC.
DOING BUSI	NESS A		
ADDRESS 19	3 ELM ST.		
CITY/TOWN:	WALTHAM	STATE: MA	ZIP CODE: 02453
MANAGER:	MAGANE, DOLORES	TYPE OF LICENSE: Club	CATEGORY: All Alcohol
EMAIL ADDI	RESS:		
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS
DESCRIPTIO	N OF LICENSED PR	EMISES:	
RATHSKELL MEETING HA		BASEMENT STORAGE. F	FIRST AND SECOND FLOORS,
I hereby certify	y and swear under pen	alties of perjury that:	
1. the	renewed license will !	be of the same type for the sa	ame premises now licensed;
2. the	licensee has complied	l with all laws of the Commo	onwealth relating to taxes; and
3. the	premises are now ope	en for business (If not explain	n below)
SIGNED BY:			
		artner or Authorized Corpora	ate Officer
DATE:	TELEP	PHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
			(Note: NOT Individual Social Security Number)
Acts of 2004,	signed by the building	ng inspector and the head o	certificate required by Chapter 304 of the of the fire department for the above named quired by Chapter 116 of the Acts of 2010.
Please Check Belo	ow:		LOCAL LICENSING AUTHORITY
APPROVED:			By:
DISAPPROVI			
(If disapproved	i expiaiii)		
DATE:			
APPLICATION FOR	R RENEWAL MUST BE FILE!	D BY LICENSEES DURING THE MOI	NTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	132000008		CITY (OR TOWN	WALTHA	M
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS	,			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 210 FELT	A	Γ #2152 V.F.W.	OF U.S. INC	2.		
CITY/TOWN: WAL		STATE: N	MA ZII	P CODE:	02453	
MANAGER: LYON P.	IS, GERALD TYI	'E OF LICENSE	: Veterans cl	ub C	ATEGORY:	All Alcohol
EMAIL ADDRESS:	_					
P	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YO	OUR EMAIL ADDR	ESS		_
DESCRIPTION OF L						
ENTRANCE AND EXFIRST FLOOR, WITH		, AVE, LOUNGI	E, DANCE H	IALL, AND	KITCHEN (ON
I hereby certify and sw	vear under penalties	of perjury that:				
1. the renewe	d license will be of	the same type for	r the same pr	remises now	licensed;	
2. the licensee	e has complied with	all laws of the C	Commonweal	th relating to	o taxes; and	
3. the premise	es are now open for	business (If not	explain belov	w)		
SIGNED BY:	Individual, Partner	or Authorized C	Corporate Off	icer		
DATE:	TELEPHON	E NUMBER:				ΓΙΟΝ NUMBER:
			(N	Note: NOT Ind	lividual Social S	Security Number)
We the undersigned Acts of 2004, signed license and (2) the co	by the building in	spector and the	head of the	fire departi	ment for the	above named
Please Check Below:			LOC	AL LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explai	ш)					
DATE:						<u>—</u>
APPLICATION FOR RENEWA	AL MUST BE FILED BY L	ICENSEES DURING T	THE MONTH OF	NOVEMBER (M	I.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	132000009		CITY OR TOWN	N WALITA	IVI
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	UPPER CRUST-WA	ALTHAM,LLC			
DOING BUSINESS A	UPPER CRUST PI	ZZERIA			
ADDRESS 435 MOO	DY STREET				
CITY/TOWN: WAL	THAM	STATE: MA	ZIP CODE:	02453	
MANAGER: TOBII S.	NS, JORDAN TYPE	E OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMISE	ES:			
TWO DINING ROOM	MS, BAR AND KITC	HEN ON FIRST F	LOOR. BASEME	NT FOR STO	RAGE
I hereby certify and sv	vear under penalties o	of perjury that:			
1. the renewe	d license will be of th	e same type for the	same premises no	w licensed;	
2. the license	e has complied with a	all laws of the Comr	nonwealth relating	to taxes; and	
3. the premise	es are now open for b	usiness (If not expl	ain below)		
SIGNED BY:					
	Individual, Partner o	or Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOY	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT]	Individual Social S	Security Number)
We the undersigned Acts of 2004, signed					
license and (2) the co					
Please Check Below:			LOCAL LICEN	JSING AUTH	ORITY
APPROVED:			By:	151110 710 111	ORTT
DISAPPROVED:			27.		
(If disapproved explai	n)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 132000011		CITY OR TOV	WN WALTHA	M
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	HST LESSEE	WALTHAM LLC			
DOING BUSINESS	A THE WEST	IN HOTEL AT WALTH	AM		
ADDRESS 70 THIR	RD AVENUE				
CITY/TOWN: WA	LTHAM	STATE: MA	ZIP CODE	02451	
MANAGER: GILL KAT	BEY, THLEEN	TYPE OF LICENSE: In	nholder	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF					
IN GUEST ROOMS	S, POPULAR AN TO ADD A SEA	IARY GARAGE. 2 RES ND SPECIALTY RESTA ASONAL PATIO APPR IAIRS.	AURANT AND L	OBBY LOUNG	E ON
I hereby certify and	swear under pen	alties of perjury that:			
1. the renew	ved license will b	be of the same type for the	e same premises	now licensed;	
2. the licens	ee has complied	with all laws of the Con	nmonwealth relati	ng to taxes; and	
3. the premi	ses are now ope	n for business (If not exp	olain below)		
SIGNED BY:	Individual, Pa	artner or Authorized Corp	oorate Officer		
DATE:	TELEP	HONE NUMBER:	EMPLO	OYER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NO)		Security Number)
Acts of 2004, signe	d by the building	e are in possession (1) t ng inspector and the he quor liability insurance	ad of the fire dep	artment for the	above named
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	am)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 132000012		CHY	OK TOWN	WALIHA	IVI
APPLICATION FOR	R RENEWAL:	Annual		LICE	NSED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	BENTLEY UN	IVERSITY				
DOING BUSINESS	A BENTLEY U	NIVERSITY				
ADDRESS 285 BEA	VER ST.					
CITY/TOWN: WA	LTHAM	STATE: MA	ZI	P CODE:	02453	
MANAGER: Floye	d, Doreen	TYPE OF LICENSE: Clul)	(CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EM	AIL ADD	RESS		
DESCRIPTION OF	LICENSED PRE	MISES:				
RMS:325 A&B 345	A&B BACK BA' ENTIRE 1ST FL.	S ROOM STUDENT CE Y FUNCTION RMS.& L KITCHEN AREA & LO INVENTOR.	OBY (OUTSIDE I	BACK BAY	
I hereby certify and s	swear under penal	ties of perjury that:				
1. the renew	ed license will be	of the same type for the	same p	remises no	w licensed;	
2. the licens	ee has complied v	vith all laws of the Comm	ionwea	lth relating	to taxes; and	
3. the premi	ses are now open	for business (If not expla	in belo	ow)		
SIGNED BY:	Individual, Part	ner or Authorized Corpo	rate Of	fficer		
DATE:	TELEPH	ONE NUMBER:		EMPLOYI	ER IDENTIFICAT	TION NUMBER:
			(Note: NOT I	ndividual Social S	ecurity Number)
Acts of 2004, signed	d by the building	are in possession (1) the inspector and the head or liability insurance re	of the	fire depar	tment for the	above named
Please Check Below:			LOC	CAL LICEN	ISING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED: Lagrangian (If disapproved explain)	yin)					
(11 disapproved expir	aiii <i>)</i>					
			-			
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 132000013		Cl	ΓY OR TOWN	WALIHAI	M
APPLICATION F	OR RENEWAL:	Annua	al	LICE	NSED FOR 20)13
		CLAS	SS			YEAR
LICENSEE NAM	E: OLD WALTH	AM RESTAURAN	IT, INC.			
DOING BUSINES	SS A GRASSFIEL	D'S FOOD & SPIR	ITS			
ADDRESS 878-88	8 LEXINGTON ST					
CITY/TOWN: W	ALTHAM	STATE:	MA	ZIP CODE:	02452	
	IMINOS, CHOLAS	TYPE OF LICENS	SE:Restaur	rant C	CATEGORY:	All Alcohol
EMAIL ADDRES	S:					
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION O						
CARS. EMERGE	NCY AND RECEI	INGTON ST, SIDI VING DOORS AT AGE AT REAR OF	REAR. K			
I hereby certify and	d swear under pena	alties of perjury that	t :			
1. the rene	ewed license will b	e of the same type f	for the sam	ne premises nov	w licensed;	
	-	with all laws of the		_	to taxes; and	
3. the prei	mises are now oper	n for business (If no	t explain b	pelow)		
SIGNED BY:			Cornerate	Officer		
	Individual, Pa	rtner or Authorized	Corporate			
	Individual, Pa	rtner or Authorized	Corporate			
DATE:			Corporate		R IDENTIFICAT	ION NUMBER
DATE:		rtner or Authorized HONE NUMBER:	Corporate	EMPLOYE	ER IDENTIFICAT	
We the undersign Acts of 2004, sign	TELEPI ned, attest that we ned by the buildin		(1) the cer e head of	EMPLOYE (Note: <u>NOT</u> In rtificate requi the fire depar	ndividual Social S red by Chapto tment for the	ecurity Number) er 304 of the above named
We the undersign Acts of 2004, sign license and (2) the Please Check Below:	TELEPI ned, attest that we ned by the buildin	HONE NUMBER: e are in possession g inspector and th	(1) the ce e head of ance requi	EMPLOYE (Note: <u>NOT</u> In rtificate requi the fire depar	red by Chapt tment for the er 116 of the	er 304 of the above named Acts of 2010.
We the undersign Acts of 2004, sign license and (2) the Please Check Below: APPROVED:	TELEPI ned, attest that we ned by the buildin	HONE NUMBER: e are in possession g inspector and th	(1) the cer e head of ance requi	EMPLOYE (Note: <u>NOT</u> In rtificate requi the fire depar ired by Chapt	red by Chapt tment for the er 116 of the	er 304 of the above named Acts of 2010.
We the undersign Acts of 2004, sign license and (2) the Please Check Below: APPROVED: DISAPPROVED:	TELEPI ned, attest that we ned by the buildin ne certificate of liq	HONE NUMBER: e are in possession g inspector and th	(1) the cer e head of ance requi	EMPLOYE (Note: NOT In rtificate requi the fire depar ired by Chapt OCAL LICEN	red by Chapt tment for the er 116 of the	er 304 of the above named Acts of 2010.
We the undersign Acts of 2004, sign license and (2) the Please Check Below: APPROVED:	TELEPI ned, attest that we ned by the buildin ne certificate of liq	HONE NUMBER: e are in possession g inspector and th	(1) the cer e head of ance requi	EMPLOYE (Note: NOT In rtificate requi the fire depar ired by Chapt OCAL LICEN	red by Chapt tment for the er 116 of the	er 304 of the above named Acts of 2010.
We the undersign Acts of 2004, sign license and (2) the Please Check Below: APPROVED: DISAPPROVED:	TELEPI ned, attest that we ned by the buildin ne certificate of liq	HONE NUMBER: e are in possession g inspector and th	(1) the cer e head of ance requi	EMPLOYE (Note: NOT In rtificate requi the fire depar ired by Chapt OCAL LICEN	red by Chapt tment for the er 116 of the	er 304 of the above named Acts of 2010.



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 132000014		CITY OR TOWN	WALTHAM
APPLICATIO	N FOR RENEWAL	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: CITY STRE	ETS RESTAURANT GF	ROUP,LLC	
DOING BUSI	NESS A CITY STR	EETS RESTAURANT		
ADDRESS 249	9 LEXINGTON ST	REET		
CITY/TOWN:	WALTHAM	STATE: MA	ZIP CODE:	02452
MANAGER:	SHANAHAN, ROBERT	TYPE OF LICENSE:	Restaurant C.	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED P	REMISES:		
LOT. EMERG		S ONE PUB ROOM 28 S I'CHEN AND DINING R		
I hereby certify	and swear under pe	enalties of perjury that:		
1. the	renewed license wil	be of the same type for t	he same premises now	licensed;
2. the	licensee has complie	ed with all laws of the Con	mmonwealth relating t	o taxes; and
3. the	premises are now of	en for business (If not ex	plain below)	
SIGNED BY:			o sc	
	Individual,	Partner or Authorized Con	porate Officer	
DATE:			EMBLOVE	DENTIFICATION NUMBER
DATE.	TELE	PHONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
			, <u></u>	
Acts of 2004,	signed by the build	ing inspector and the he	ead of the fire depart	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
		iquoi nabinty insurance		
Please Check Belo APPROVED:	OW:			SING AUTHORITY
DISAPPROVE	ED:		Ву:	
(If disapproved				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 132000015		CITY OR TO	WN WALIHA	AIVI
APPLICATION FO	R RENEWAL:	Annual	LI	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME	: WALTHAM PU	BS, INC.			
DOING BUSINESS	A JOHN BREWE	R'S TAVERN			
ADDRESS 39 MAI	N ST.				
CITY/TOWN: WA	ALTHAM	STATE: MA	ZIP COD	E: 02453	
	NEYCUTT, TY LIAM A.	PE OF LICENSE: Re	estaurant	CATEGORY:	: All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREM	ISES:			
ADDITION OF SEA	ASONAL PATIO				
I hereby certify and	•	1 0 0			
		f the same type for the	-		
	•	th all laws of the Com		ing to taxes; and	
3. the prem	ises are now open for	or business (If not exp	lain below)		
SIGNED BY:					
	Individual, Partne	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPL	OYER IDENTIFICA	ATION NUMBER:
			(Note: NO	T Individual Social	Security Number)
We the undersions	ed attest that we ar	e in possession (1) th	ne certificate re	oquired by Chan	ater 304 of the
		nspector and the hea			
license and (2) the	certificate of liquo	r liability insurance	required by Ch	apter 116 of the	e Acts of 2010.
Please Check Below:			LOCAL LIC	CENSING AUTH	HORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	lain)		-		
DATE			-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1320	00016		CITY OR TOWN	N WALIHA	IVI
APPLICATION FOR REN	EWAL:	Annual	LICE	NSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: CHE	LLA,INC.				
DOING BUSINESS A WA	ALTHAM SPORTS I	PUB			
ADDRESS 619 MAIN ST.					
CITY/TOWN: WALTHA	M ST	ΓATE: MA	ZIP CODE:	02452	
MANAGER: LACAVA,J	OSEPH TYPE OF	LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE A	ALSO VISIT OUR WEBSITE A	ND ENTER YOUR EN	IAIL ADDRESS		_
DESCRIPTION OF LICEN	ISED PREMISES:				
BARROOM AND KITCHI	EN ON FIRST FLOO	OR, BASEMEN	NT FOR STORAC	GE	
I hereby certify and swear u	nder penalties of per	jury that:			
1. the renewed lice	nse will be of the sar	ne type for the	same premises no	w licensed;	
2. the licensee has	complied with all law	vs of the Comm	nonwealth relating	g to taxes; and	
3. the premises are	now open for busine	ess (If not expla	in below)		
CICNED DV					
SIGNED BY:	vidual, Partner or Au	thorized Corno	rate Officer		
	radui, rariior or rad	moriz ed corpo	rate Gineer		
DATE					
DATE:	TELEPHONE NUI	MBER:		ER IDENTIFICAT	
			(Note: NOT)	Individual Social S	security Number)
We the undersigned, atte	st that we are in no	ssession (1) the	e certificate requi	ired by Chant	er 304 of the
Acts of 2004, signed by th					
license and (2) the certific	ate of liquor liabili	ty insurance r	equired by Chap	ter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICEN	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:			•		
(If disapproved explain)					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 132000017		CITY OR TOWN WALTE	IAM
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	. 2013
		CLASS		YEAR
LICENSEE N.	AME: HONG THON	NG THAI, INC		
DOING BUSI	NESS A BANTHAI I	RESTRANT		
ADDRESS 65	9 MAIN ST.			
CITY/TOWN:	WALTHAM	STATE: MA	ZIP CODE: 02451	
MANAGER:	KIOECHUI, CHAMLONG	TYPE OF LICENSE:Re	estaurant CATEGOR	Y: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	EMISES:		
THE MAIN F		N USE AND SERVICE	OOMS IN BASEMENT, ONE AND ALL ROOMS IN BASEN	
I hereby certify	y and swear under pen	alties of perjury that:		
1. the	renewed license will b	be of the same type for the	e same premises now licensed;	
2. the	licensee has complied	with all laws of the Com	monwealth relating to taxes; ar	nd
3. the	premises are now ope	n for business (If not exp	lain below)	
SIGNED BY:			. 055	
	Individual, Pa	artner or Authorized Corp	oorate Officer	
DATE:				
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
			individual Book	ar security (varioer)
			ne certificate required by Cha nd of the fire department for t	
license and (2	2) the certificate of lic	quor liability insurance	required by Chapter 116 of t	he Acts of 2010.
Please Check Bel			LOCAL LICENSING AUT	THORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	ı expiaiii)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	132000018		CITY	OR TOWN	WALTHA	M
APPLICATION FOR 1	RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	THE FRIENDLY PIC	G, INC.				
DOING BUSINESS A	THE MAD RAVEN	I				
ADDRESS 841 MAIN	ST.					
CITY/TOWN: WALT	ГНАМ	STATE: MA	ZII	P CODE:	02451	
MANAGER: MCAU MARK	*	OF LICENSE: Re	estaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PL	EASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR E	MAIL ADDR	RESS		_
DESCRIPTION OF LI	CENSED PREMISE	S:				
2 ROOMS OF FIRST DINING AREA INCLEXIT AT THE REAR	UDING A BAR OF 1					
I hereby certify and sw	ear under penalties of	f perjury that:				
1. the renewed	l license will be of the	e same type for the	e same pr	remises now	licensed;	
	has complied with al			•	o taxes; and	
3. the premise	s are now open for bu	isiness (If not expl	lain belov	w)		
SIGNED BY:	Individual, Partner or	· Authorized Corp	orate Off	ficer		
DATE:	TELEPHONE	NUMBER:	(1)			FION NUMBER: Security Number)
We the undersigned, Acts of 2004, signed l license and (2) the ce	by the building inspe	ector and the hea	d of the	fire depart	ment for the	above named
Please Check Below:			LOC	AL LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved explain						
(11 disappioved explain	1 <i>)</i>					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 132000019		CITY OR TOWN	WALTHAM
APPLICATION F	OR RENEWAL:	Annual	LICENSI	ED FOR 2013
		CLASS		YEAR
LICENSEE NAMI	E: BELLEX, INC			
DOING BUSINES	SS A JOE SENT ME			
ADDRESS 847-49	MAIN ST.			
CITY/TOWN: W	ALTHAM	STATE: MA	ZIP CODE:	02451
	CCOULLOUGH, TY EXANDER T	PE OF LICENSE: Re	estaurant CA7	TEGORY: All Alcohol
EMAIL ADDRES	S:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR F	MAIL ADDRESS	
DESCRIPTION O	F LICENSED PREM	ISES:		
AREA, BAR ARE		ROOMS AND BASE	1800 SQ FT. CONTAI MENT FOR STORAC	
I hereby certify and	d swear under penaltie	es of perjury that:		
1. the rene	ewed license will be o	f the same type for the	e same premises now li	censed;
2. the lice	nsee has complied wit	th all laws of the Com	monwealth relating to t	taxes; and
3. the prei	mises are now open for	r business (If not exp	lain below)	
SIGNED BY:	Individual Partne	er or Authorized Corp	orate Officer	
	marviduai, i artiid	of Authorized Corp	orate Officer	
DATE:	TELEDIO	NE NIIMDED.	EMPLOYER II	DENTIFICATION NUMBER:
	TELEPHO	NE NUMBER:		idual Social Security Number)
_		_	_	by Chapter 304 of the ent for the above named
	•	_	_	116 of the Acts of 2010.
Please Check Below:			LOCAL LICENSIN	NG AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved exp	piain)			
			-	
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 132000020		CITY OR TOWN	WALTHAM
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR
	: BULLETS BAR & S A BULLETS BAR & AIN ST.			
CITY/TOWN: WA	ALTHAM	STATE: MA	ZIP CODE:	02451
MANAGER: BAI G.	URLE, ROBERT TYP	E OF LICENSE:Re	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR WE		EMAIL ADDRESS	
	LICENSED PREMIS			
· · · · · · · · · · · · · · · · · · ·	ND DINING AREA O T ENTRANCE AND		AND BASEMENT F	OR STOCK AND
2. the licen	wed license will be of to see has complied with hises are now open for to Individual, Partner	all laws of the Combusiness (If not exp	monwealth relating to	
DATE:	THE EDVICEMENT		EMBI OVEE	D IDENITIEIC ATION NI IMPED.
DATE.	TELEPHONI	E NUMBER:		R IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, signe	ed by the building ins	pector and the hea	d of the fire departi	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp			LOCAL LICENS By:	ING AUTHORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	X : 132000021		CITY OR TOWN	WALIHAN	VI
APPLICATION FOI	R RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	C & M INVESTME	ENTS, INC.			
DOING BUSINESS	A ABSOLUTELY A	ASIA			
ADDRESS 864 MA	IN ST.				
CITY/TOWN: WA	LTHAM	STATE: MA	ZIP CODE:	02451	
MANAGER: CHA	N, RICHARD TYP	E OF LICENSE:Res	taurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	IAIL ADDRESS		-
DESCRIPTION OF	LICENSED PREMIS	SES:			
	M, ONE SERVICE B 'AY. ALL LOCATED				ND ONE
I hereby certify and s	swear under penalties	of perjury that:			
1. the renew	red license will be of t	the same type for the	same premises now	licensed;	
2. the licens	ee has complied with	all laws of the Comm	nonwealth relating t	o taxes; and	
3. the premi	ses are now open for	business (If not expla	in below)		
SIGNED BY:			0.65		
	Individual, Partner	or Authorized Corpo	rate Officer		
DATE					
DATE:	TELEPHON	E NUMBER:		R IDENTIFICAT	
			(Note: NOT III	dividual Social S	ecurity Number)
	d, attest that we are				
	d by the building ins certificate of liquor l				
	certificate of fiquor 1	mability insurance is			
Please Check Below: APPROVED:			LOCAL LICENS	SING AUTHO	ORITY
DISAPPROVED:			By:		
(If disapproved explain	ain)				
_					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132000022	C	TTY OR TOWN	WALTHAN	M
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: SODEXHO OPERATION	ONS LLC			
DOING BUSINESS A				
ADDRESS 860 MAIN ST.				
CITY/TOWN: WALTHAM	STATE: MA	ZIP CODE:	02451	
MANAGER: CULLINAN, PAUL TYPE C	OF LICENSE: Resta	urant CA	TEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSIT DESCRIPTION OF LICENSED PREMISES:		L ADDRESS		
BAR AREA, DINING AREA AND KITCHE			AND THE C	INING
AREA HAS TABLES, CHAIRS AND BOOT		A HAS STOOLS	AND THE E	ATTITO
I hereby certify and swear under penalties of p	perjury that:			
1. the renewed license will be of the s	same type for the sa	me premises now	licensed;	
2. the licensee has complied with all l	laws of the Commo	nwealth relating to	taxes; and	
3. the premises are now open for busing	iness (If not explain	below)		
SIGNED BY: Individual, Partner or A	Authorized Company	to Officer		
ilidividuai, Faithei 01 A	Authorized Corpora	te Officei		
DATE: TELEBRIONE N	I I ADED	EMDI OVED	IDENTIFICAT	ION NUMBER:
TELEPHONE N	UMBER:	(Note: NOT Indi		
We the undersigned, attest that we are in pacts of 2004, signed by the building inspec				
license and (2) the certificate of liquor liab				
Please Check Below:		LOCAL LICENSI	ING AUTHO	ORITY
Please Check Below: APPROVED:		LOCAL LICENSI By:	ING AUTHO	ORITY
APPROVED: DISAPPROVED:			ING AUTHO	DRITY
APPROVED:			ING AUTHO	ORITY
APPROVED: DISAPPROVED:			ING AUTHO	DRITY



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132000023	(CITY OR TOWN WALTHAM	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: SALT HILL, CORF).		
DOING BUSINESS A THE SKELLIG			
ADDRESS 240 MOODY ST			
CITY/TOWN: WALTHAM	STATE: MA	ZIP CODE: 02451	
MANAGER: MCCARTHY, TYP MARY LOUISE	E OF LICENSE: Resta	urant CATEGORY: All Alcoho	1
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF LICENSED PREMIS	ES:		
5660 SQFT CONSISTING OF FIRST FLOAND REAR PUB ROOM WITH 14 SEAT AND FRONT AND REAR ENTRENCES	ΓBAR. TOTAL COM		
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of t	he same type for the sa	ame premises now licensed;	
2. the licensee has complied with		o	
3. the premises are now open for l	ousiness (If not explain	n below)	
SIGNED BY: Individual, Partner	or Authorized Corpora	nte Officer	
DATE: TELEPHONI	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER	! :
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building ins	pector and the head o	certificate required by Chapter 304 of the of the fire department for the above name quired by Chapter 116 of the Acts of 2010	ed
Please Check Below:		LOCAL LICENSING AUTHORITY	
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 132000024		CITY OR TO	WN WALIHA	IVI
APPLICATION FO	OR RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME	: MALESSIA, INC				
DOING BUSINESS	S A THE COMMON	CAFE			
ADDRESS 603 MA	AIN ST.				
CITY/TOWN: WA	ALTHAM	STATE: MA	ZIP CODI	E: 02452	
	AFIDI, TY OMAS J.	PE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR F	CMAIL ADDRESS		
DESCRIPTION OF	F LICENSED PREMI	ISES:			
2. the licen 3. the prem	see has complied wit	f the same type for the h all laws of the Com r business (If not exp	monwealth relat		
SIGNED BY:	Individual, Partne	r or Authorized Corp	orate Officer		
DATE:	TELEPHOI	NE NUMBER:		OYER IDENTIFICA $f T$ Individual Social ${f S}$	
Acts of 2004, signe	ed by the building in	e in possession (1) the aspector and the hear liability insurance	d of the fire de	partment for the	above named
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved exp	Lain)				
(II disappioved exp.	14111 <i>)</i>				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 132000025	(CITY OR TOWN WALTHA	AM
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
	AME: PONZU RESTAUR NESS A PONZU FINE DIN			
ADDRESS 286	6 MOODY ST			
CITY/TOWN:	WALTHAM	STATE: MA	ZIP CODE: 02451	
MANAGER:	ZHAO, SHU BIAO TYP	E OF LICENSE: Rest	aurant CATEGORY	: Wine and Malt Regular
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EMA	AIL ADDRESS	
	N OF LICENSED PREMIS			
SECURED RE	~	RIES AND EMERGE	IBLE FRONT DOOR AND C NCY EXIT. BASEMENT STO IE OUTSIDE PUBLIC	
I hereby certify	and swear under penalties	of perjury that:		
1. the	renewed license will be of the	he same type for the s	ame premises now licensed;	
2. the 1	licensee has complied with	all laws of the Comm	onwealth relating to taxes; and	
3. the 1	premises are now open for b	ousiness (If not explai	n below)	
SIGNED BY:	Individual, Partner	or Authorized Corpor	ate Officer	
DATE:				
DATE.	TELEPHONI	E NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Acts of 2004,	signed by the building insp	pector and the head	certificate required by Chap of the fire department for th quired by Chapter 116 of the	e above named
Please Check Belo	ow:		LOCAL LICENSING AUTH	HORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	expiain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 132000026		CITY OR TOWN	WALTHAM
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: JAMB. INC.			
DOING BUSI	NESS A THE NEW	LANDING		
ADDRESS 313	3 MOODY ST.			
CITY/TOWN:	WALTHAM	STATE: MA	ZIP CODE:	02453
MANAGER:	ABELLARD, JEFFREY	TYPE OF LICENSE:	Restaurant C	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	T OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED P	REMISES:		
SEASONAL C		TH FRONT ENTRY ON PATIO, COMPRISING I.		
I hereby certify	and swear under pe	nalties of perjury that:		
1. the	renewed license will	be of the same type for t	he same premises now	licensed;
2. the	licensee has complie	ed with all laws of the Co	mmonwealth relating	to taxes; and
3. the	premises are now op	en for business (If not ex	plain below)	
SIGNED BY:	To discident 1	Dantu an an Austrania d Ca	or and Officer	
	maividuai, i	Partner or Authorized Con	rporate Officer	
DATE:	mer e		EMDLOVE	R IDENTIFICATION NUMBER:
DITTE.	TELE	PHONE NUMBER:		dividual Social Security Number)
Acts of 2004,	signed by the build	ing inspector and the h	ead of the fire depart	red by Chapter 304 of the ment for the above named
license and (2) the certificate of I	iquor liability insurance	e required by Chapte	er 116 of the Acts of 2010.
Please Check Belo	ow:		LOCAL LICENS	SING AUTHORITY
APPROVED: DISAPPROVE	ZD:		By:	
(If disapproved				
· · · · · · · · · · · · · · · · · · ·	F/			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 132000027		CITY OR TO	WN WALIHA	.IVI
APPLICATION FOR	RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	STADIUM WALT	HAM LLC			
DOING BUSINESS	A STADIUM SPOR	RTS BAR AND GR	ILL		
ADDRESS 342-44 M	100DY ST.				
CITY/TOWN: WAI	LTHAM	STATE: MA	ZIP COD	E: 02453	
MANAGER: HUST	ΓUS, HOL TYI	PE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:				_	
1	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PREMIS	SES:			
TWO DINING AREA	AS, BAR AND KIT	CHEN ON FIRST I	LOOR. BASEM	IENT FOR STO	RAGE
I hereby certify and s	wear under penalties	of perjury that:			
1. the renewe	ed license will be of	the same type for the	e same premises	now licensed;	
2. the license	ee has complied with	all laws of the Con	nmonwealth rela	ting to taxes; and	
3. the premis	ses are now open for	business (If not exp	lain below)		
SIGNED BY:					
	Individual, Partner	or Authorized Cor	oorate Officer		
DATE:	TELEPHON	IE NUMBER:		OYER IDENTIFICA	
			(Note: NC	<u>DT</u> Individual Social	Security Number)
We the undersigned	lattest that we are	in nossession (1) t	he certificate re	equired by Chan	ter 304 of the
Acts of 2004, signed					
license and (2) the c	ertificate of liquor	liability insurance	required by Ch	apter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LIC	CENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED:			-		
(If disapproved expla	in)				
DATE.					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 132000028		CITY OR TO	WN WALIHA	IVI
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	D.J. O'CONNEI	R INC.			
DOING BUSINESS	A JOCO'S				
ADDRESS 450 MO	ODY ST.				
CITY/TOWN: WA	LTHAM	STATE: MA	ZIP CODE	E: 02453	
	ONNOR, T ATHAN	YPE OF LICENSE:Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:	:				
	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREM	MISES:			
DINING ROOM, BA	AR AND KITCHE	EN ON FIRST FLOOR.	BASEMENT F	OR STORAGE	
I hereby certify and	swear under penalt	ies of perjury that:			
1. the renew	wed license will be	of the same type for the	e same premises	now licensed;	
2. the licens	see has complied w	rith all laws of the Com	monwealth relati	ing to taxes; and	
3. the premi	ises are now open t	for business (If not expl	ain below)		
SIGNED BY:					
	Individual, Parti	ner or Authorized Corp	orate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLO	OYER IDENTIFICA	TION NUMBER:
	TEEETTN	SIVE IVOIVIBLIK.	(Note: <u>NO</u>	$oldsymbol{\Gamma}$ Individual Social S	Security Number)
		are in possession (1) the inspector and the head			
		or liability insurance i			
	•	•	-		
Please Check Below: APPROVED:				ENSING AUTH	ORITY
DISAPPROVED:			Ву:		
(If disapproved expl	ain)				
	•				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 132000029		CITY OR TOWN	WALTHAN	M
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	467 Moody Stre	et, LLC			
DOING BUSINESS A	A The Gaff				
ADDRESS 467 MOC	DDY ST.				
CITY/TOWN: WAI	THAM	STATE: MA	ZIP CODE:	02453	
MANAGER: Coen,	Michael T	TYPE OF LICENSE: R	estaurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
I	LEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		L
DESCRIPTION OF I	LICENSED PREM	MISES:			
40 seat occupancy with	th bar, tables and	small kitchen, deck/pa	ntio in rear of building	g. Consists 24	0 sq ft
I hereby certify and sv	wear under penal	ties of perjury that:			
1. the renewe	ed license will be	of the same type for th	ne same premises now	licensed;	
2. the license	e has complied w	ith all laws of the Con	nmonwealth relating t	o taxes; and	
3. the premis	es are now open	for business (If not exp	olain below)		
SIGNED BY:	Individual, Part	ner or Authorized Cor	porate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYEI (Note: <u>NOT</u> Inc		TION NUMBER: ecurity Number)
Acts of 2004, signed	by the building	are in possession (1) t inspector and the he or liability insurance	ad of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	in)				
DATE:					
APPLICATION FOR RENEW	AL MUST BE FILED B	Y LICENSEES DURING THE	MONTH OF NOVEMBER (M	I.G.L. Ch. 138 \$ 16	5A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 132000030		CITY OR TOWN	WALTHAM
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
	RENDEZVOUS REAL A RENDEZVOUS REMOODY ST.			
CITY/TOWN: WA	LTHAM	STATE: MA	ZIP CODE:	02453
MANAGER: KOR DIM	RIKIS, TYPE ITRIOS	E OF LICENSE:R	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR	EMAIL ADDRESS	
	LICENSED PREMISE THREE DINING ROOF STORAGE		ITCHEN ON FIRST I	FLOOR WITH
2. the licens	yed license will be of the see has complied with a ses are now open for b	ll laws of the Corusiness (If not exp	nmonwealth relating to	
	Individual, Partner o	r Authorized Cor	porate Officer	
DATE:	TELEPHONE	NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, signe	d by the building insp	ector and the he	ad of the fire departi	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl.)	ain)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: I	32000031		CI	IY OK TOV	VN WALIHA	AIVI	
APPLICATION FOR R	ENEWAL:	Annu	al	LIC	ENSED FOR 2	013	
		CLAS	SS			YEAR	
LICENSEE NAME: B DOING BUSINESS A		ERIA & PUB					
ADDRESS 714-18 MOO	ODY ST.						
CITY/TOWN: WALTI	HAM	STATE:	MA	ZIP CODE	: 02453		
MANAGER: Collins,	Thomas TYP	PE OF LICEN	SE:Restau	rant	CATEGORY:	All Alcohol	
EMAIL ADDRESS:	ASE ALSO VISIT OUR WE	EBSITE AND ENTER	YOUR EMAIL	ADDRESS			
DESCRIPTION OF LIC	CENSED PREMIS	SES:					
CONSISTING OF APROADDITIONAL STORA			AREA, BA	R AREA, K	ITCHEN WITH		
I hereby certify and swea	_						
	license will be of t	• •		•			
	nas complied with are now open for				ng to taxes; and		
SIGNED BY:	ndividual, Partner	or Authorized	l Corporat	e Officer			
DATE:	TELEPHON	E NUMBER:			OYER IDENTIFICA		
We the undersigned, a Acts of 2004, signed by license and (2) the cert	y the building ins	spector and th	e head of	the fire dep	artment for the	e above named	
Please Check Below:]	LOCAL LIC	ENSING AUTH	ORITY	
APPROVED:]	Зу:			
DISAPPROVED:							
(If disapproved explain)							
DATE:							



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 132000032		CITY OR TOWN	WALTHAN	M
APPLICATION FOR	R RENEWAL:	Annual CLASS	LICEN	SED FOR 20)13 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 469 MOO	A ERAWAN OF SIA				
CITY/TOWN: WA	LTHAM	STATE: MA	ZIP CODE:	02453	
MANAGER: DEX	TER, YUPHIN TYP	E OF LICENSE: Res	staurant CA	ATEGORY:	All Alcohol
DESCRIPTION OF AND REAR DOORS	PLEASE ALSO VISIT OUR WE LICENSED PREMIS 'AINING APPROX' S, DINING ROOM A IN FRONT, KITCHE	ES: 4200 SQ FT. MAIN ND SEATING APP	ENTRANCE IN FR ROX 150 PATRON	S, WAITING	
 the renew the license 	wear under penalties ed license will be of t ee has complied with ses are now open for	the same type for the all laws of the Comr	nonwealth relating to		
	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: NOT Ind		TON NUMBER: ecurity Number)
Acts of 2004, signed	d, attest that we are d by the building ins certificate of liquor l	pector and the head	l of the fire departi	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 132000033		CITY OR TOWN	WALTHA	M
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 731 MOO	A SHOPPERS CAI	TE			
CITY/TOWN: WAI	LTHAM	STATE: MA	ZIP CODE:	02453	
MANAGER: LACA	AVA, PAUL M. TY	PE OF LICENSE: Re	staurant (CATEGORY:	All Alcohol
EMAIL ADDRESS: DESCRIPTION OF I 1ST FLR BAR RS W BASEMT FOR STO	LICENSED PREMIS			SQ.FT. WITH	<u>.</u>
2. the license	ed license will be of the has complied with	the same type for the all laws of the Com business (If not expl	nonwealth relating		
SIGNED BY:	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	E NUMBER:		ER IDENTIFICAT	
We the undersigned Acts of 2004, signed license and (2) the c	by the building in	spector and the head	l of the fire depar	tment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICEN By:	ISING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

	CITY OR TOWN WALTH	AM
Annual	LICENSED FOR	2013
CLASS		YEAR
NC.		
STATE: MA	ZIP CODE: 02453	
TYPE OF LICENSE: Res	taurant CATEGORY	: All Alcohol
OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
EMISES:		
HERE ARE TWO ENTRA G.TO ALTER PRIMISE F	NCES AND TWO WXITS AT OR EXPANSION OF LOWE	ГТНЕ
alties of perjury that:		
be of the same type for the	same premises now licensed;	
	_	d
n for business (If not expla	in below)	
artner or Authorized Corpo	rate Officer	
HONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
ng inspector and the head	of the fire department for the	ne above named
	LOCAL LICENSING AUT	HORITY
	By:	
	STATE: MA TYPE OF LICENSE: Residue our website and enter your emembers of perjury that: The of the same type for the state of the same type for the state of the same type for the state of perjury that: The of the same type for the state of the same type for the sam	Annual LICENSED FOR CLASS NC. STATE: MA ZIP CODE: 02453 TYPE OF LICENSE: Restaurant CATEGORY OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS EMISES: STREET LEVEL WITH A LOWER LEVEL OF 2000 SO HERE ARE TWO ENTRANCES AND TWO WXITS A' G.TO ALTER PRIMISE FOR EXPANSION OF LOWER IONAL DINING AREA 8 TAVLES AND 48 SEATS. Palties of perjury that: Per of the same type for the same premises now licensed; If with all laws of the Commonwealth relating to taxes; and the for business (If not explain below) Therefore are in possession (1) the certificate required by Chapter 116 of the property of the same of the fire department for the property of the same required by Chapter 116 of the LOCAL LICENSING AUT



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 132000035		CITY OR TOW.	N WALIHA	AVI
APPLICATION FO	OR RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME	E: RATTA ENTERP	PRISES, INC.			
DOING BUSINES	S A SADIE'S SALO	ON & EATERY			
ADDRESS 5 PINE	EST.				
CITY/TOWN: W	ALTHAM	STATE: MA	ZIP CODE:	02453	
MANAGER: RA	TTA, JOHN B. TY	PE OF LICENSE:Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
DESCRIPTION O	PLEASE ALSO VISIT OUR V F LICENSED PREMI	VEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
I hereby certify and	l swear under penaltie	s of perjury that:			
•	wed license will be of	- · ·	same premises no	ow licensed;	
2. the licer	nsee has complied with	h all laws of the Com	monwealth relating	g to taxes; and	
3. the pren	nises are now open for	r business (If not expl	ain below)		
SIGNED BY:	Individual Partne	r or Authorized Corp	orate Officer		
	mar radar, rarme	r or radionized corp			
DATE:	TELEPHON	NE NUMBER:	EMPLOY	'ER IDENTIFICA'	TION NUMBER:
	12221101	,21,01,1221	(Note: NOT	Individual Social S	Security Number)
Acts of 2004, sign	ed, attest that we are ed by the building in e certificate of liquor	spector and the hea	d of the fire depa	rtment for the	e above named
Please Check Below:	_		LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	loin)				
(If disapproved exp	nam)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	132000036		CITY OR TOW	N WALIHA	IVI
APPLICATION FOR I	RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	SUSHI BOX INC.				
DOING BUSINESS A	SUSHI BOX				
ADDRESS 617 MAIN	STREET				
CITY/TOWN: WALT	ГНАМ	STATE: MA	ZIP CODE:	02453	
MANAGER: HAYE	S, UN PUN TYPE	OF LICENSE: Res	staurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMISE	S:			
DINING ROOM, KITO	CHEN AND SERVIC	E BAR ON FIRS	Γ FLOOR. BASE	MENT STORA	AGE
I hereby certify and sw	ear under penalties of	perjury that:			
1. the renewed	l license will be of the	e same type for the	same premises no	ow licensed;	
2. the licensee	has complied with al	l laws of the Comr	nonwealth relating	g to taxes; and	
3. the premise	s are now open for bu	siness (If not expla	ain below)		
SIGNED BY:					
	Individual, Partner or	Authorized Corpo	orate Officer		
DATE:	TELEPHONE :	NUMBER:	EMPLOY	ER IDENTIFICA	ΓΙΟΝ NUMBER:
			(Note: NOT	Individual Social S	Security Number)
W. 4b J J	- 444 4]4				204 - 641
We the undersigned, Acts of 2004, signed l					
license and (2) the ce					
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:]				
(If disapproved explain	1)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132	000037	C	II Y OR TOWN	WALIHAM	
APPLICATION FOR REN	NEWAL:	Annual	LICENS	SED FOR 2013	
	(CLASS		YEA	AR
LICENSEE NAME: EAI	RL MANAGEMENT IN	C.			
DOING BUSINESS A M	ICHAEL J'S				
ADDRESS 179 PROSPEC	CT ST.				
CITY/TOWN: WALTHA	AM STAT	ΓE: MA	ZIP CODE:	02453	
MANAGER: DEMING,	RUTH TYPE OF LIC	CENSE:Resta	urant CA	TEGORY: All	Alcohol
EMAIL ADDRESS:					
PLEASE	E ALSO VISIT OUR WEBSITE AND F	NTER YOUR EMAI	L ADDRESS		
DESCRIPTION OF LICE	NSED PREMISES:				
DINING ROOM AREA, I	CITCHEN AND BAR OF	N FIRST FLO	OR. BASEMENT	FOR STORAGE	Ξ
I hereby certify and swear	under penalties of perjur	y that:			
1. the renewed lic	ense will be of the same	type for the sa	me premises now l	licensed;	
2. the licensee has	s complied with all laws of	of the Commo	nwealth relating to	taxes; and	
3. the premises are	e now open for business	(If not explain	below)		
SIGNED BY:					
	ividual, Partner or Autho	rized Corpora	te Officer		
DATE:	TELEDUONE NILIMD	ED.	EMPLOYER	IDENTIFICATION I	NUMBER:
	TELEPHONE NUMB	EK:		vidual Social Securit	
We the undersigned, atte					
Acts of 2004, signed by t license and (2) the certification					
Please Check Below:	-	_	LOCAL LICENSI	NC AUTHODIT	ΓV
APPROVED:				ING AUTHORIT	. I
DISAPPROVED:			By:		
(If disapproved explain)					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132000038		CITY OR TOWN WALTHA	M
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: RS-TM, INC			
DOING BUSINESS A TAQUERI	A MEXICO		
ADDRESS 24 CHARLES STREET	Γ		
CITY/TOWN: WALTHAM	STATE: MA	ZIP CODE: 02453	
MANAGER: OLMEDO, ARMANDO J.	TYPE OF LICENSE: Res	taurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PI			
1ST FLR WITH KITCHEN,BATH BASEMENT WITH COOKING A CAPACITY IS 65 PATRONS. OU PATRONS. SEASONAL SEATIN	ND STORAGE. SERVICE TSIDE PATIO AREA AT I	BAR WITH NO SEATING. SE	EATING
I hereby certify and swear under pe	nalties of perjury that:		
1. the renewed license will	be of the same type for the	same premises now licensed;	
•		nonwealth relating to taxes; and	
3. the premises are now op	en for business (If not expla	in below)	
SIGNED BY: Individual, F	Partner or Authorized Corpo	rate Officer	
DATE: TELE	PHONE NUMBER:	EMPLOYER IDENTIFICA' (Note: NOT Individual Social S	
We the undersigned, attest that values of 2004, signed by the build license and (2) the certificate of l	ing inspector and the head	of the fire department for the	above named
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappioved explain)			<u>—</u>
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 132000039		CITY OR TOWN	N WALTHA	M
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	GONZALEZ FAM	MILY,INC			
DOING BUSINESS	A GUANACHAPI	'S BAR AND GRIL	L		
ADDRESS 154 RIV	ER ST.				
CITY/TOWN: WA	LTHAM	STATE: MA	ZIP CODE:	02453	
MANAGER: GON	NZALEZ,EVER TY	PE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREM	ISES:			
DINING ROOM, BASTORAGE	AR, LOUNGE AND	KITCHEN ON FIR	ST FLOOR, BASE	MENT FOR	
I hereby certify and	swear under penaltie	es of perjury that:			
1. the renew	ved license will be of	f the same type for the	ne same premises no	w licensed;	
2. the licens	see has complied wit	h all laws of the Con	nmonwealth relating	g to taxes; and	
3. the premi	ises are now open fo	r business (If not exp	olain below)		
SIGNED BY:	Indicated and Douber	A	orange Officer		
	marviduai, Partile	er or Authorized Cor	porate Officer		
DATE:	TELEDIA	NE NIIMBED.	FMPI OY	ER IDENTIFICAT	TION NUMBER:
	TELEPHO	NE NUMBER:		Individual Social S	
		e in possession (1) to a spector and the he			
		· liability insurance			
Please Check Below:			LOCAL LICEN	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	ain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 132000040		CITY OR TOWN	WALIHAI	IVI
APPLICATION FOR	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	BOCA BROTHER	RS INC.			
DOING BUSINESS	A BOCA BAR & R	ESTAURANT			
ADDRESS 11 PINE	STREET				
CITY/TOWN: WA	LTHAM	STATE: MA	ZIP CODE:	02453	
	NARD, TY: VIN E.	PE OF LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMI	SES:			
DINING ROOM,BA	R AND KITCHEN	ON FIRST FLOOR. B	BASEMENT FOR	STORAGE	
I hereby certify and s	wear under penalties	s of perjury that:			
1. the renew	ed license will be of	the same type for the	same premises no	w licensed;	
2. the license	ee has complied with	all laws of the Comm	nonwealth relating	to taxes; and	
3. the premis	ses are now open for	business (If not expla	in below)		
SIGNED BY:					
	Individual, Partner	r or Authorized Corpo	rate Officer		
DATE:	TELEPHON	IE NUMBER:		ER IDENTIFICAT	
			(Note: NOT]	ndividual Social S	ecurity Number)
We the undersigned	d, attest that we are	e in possession (1) the	certificate requi	ired by Chapt	er 304 of the
Acts of 2004, signed	d by the building in	spector and the head	of the fire depar	rtment for the	above named
license and (2) the c	certificate of liquor	liability insurance re	equired by Chap	ter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICEN	ISING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	un)		-		
			·		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132000041	C	TTY OR TOWN	WALTHAN	Л
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: WALTHAM LODGE	OF ELKS #953			
DOING BUSINESS A				
ADDRESS 101 SCHOOL ST.				
CITY/TOWN: WALTHAM	STATE: MA	ZIP CODE:	02452	
MANAGER: THOMAS, EDWIN TYPE	OF LICENSE:Club	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EMAI	L ADDRESS		
DESCRIPTION OF LICENSED PREMISES				
RATHSKELLAR AND LODGE HALL IN I COCKTAIL ROOMS ON FIRST FLOOR	3ASEMENT. STOR	AGE, LOUNGE,	BAR AND T	WO
I hereby certify and swear under penalties of	perjury that:			
1. the renewed license will be of the	same type for the sa	me premises now	licensed;	
2. the licensee has complied with all	laws of the Commo	nwealth relating to	taxes; and	
3. the premises are now open for but	siness (If not explain	below)		
SIGNED BY:				
Individual, Partner or	Authorized Corpora	te Officer		
D. 4 700				
DATE: TELEPHONE	NUMBER:		IDENTIFICAT	
		(Note: NOT Ind	ividuai Sociai Se	ecurity Number)
We the undersigned, attest that we are in				
Acts of 2004, signed by the building inspelicense and (2) the certificate of liquor liab				
Please Check Below:		LOCAL LICENS		
APPROVED:		By:	INO AUTIIC	JKIT I
DISAPPROVED:		27.		
(If disapproved explain)				
DATE.				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 132000042		CITY (OR TOWN	WALTHAN	M
APPLICATION FO	R RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	CHATEAU REST. (OF WALTHAN	INC. THE			
DOING BUSINESS	A THE CHATEAU R	ESTAURANT				
ADDRESS 195-99 S	SCHOOL ST.					
CITY/TOWN: WA	LTHAM	STATE: N	MA ZII	P CODE:	02451	
MANAGER: BEL CHR	LA, TYPE RISTOPHER D	E OF LICENSE	E:Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YO	OUR EMAIL ADDR	ESS		-
DESCRIPTION OF	LICENSED PREMISE	ES:				
STORAGE IN BAS	, 2 SERVICE BARS, F EMENT. KITCHEN A D FLOOR, 2 APARTM	ND STORAG	E ON FIRST	FLOOR, O	FFICE STOR	
I hereby certify and	swear under penalties o	of perjury that:				
	ved license will be of the	• 1	•			
	see has complied with a			_	o taxes; and	
3. the premi	ises are now open for b	usiness (If not	explain belov	w)		
SIGNED BY:	Individual, Partner of	r Authorized C	Corporate Off	icer		
DATE:	TELEPHONE	NUMBER:	(A)			TION NUMBER: ecurity Number)
Acts of 2004, signe	d, attest that we are i d by the building insp certificate of liquor li	ector and the	head of the	fire departı	ment for the	above named
Please Check Below:			LOC	AL LICENS	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED: [(If disapproved expl	oin)					
(11 disappioved expi	a111 <i>)</i>					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132000043	CITY OR TOWN WALTHAM
APPLICATION FOR RENEWAL: Annua	LICENSED FOR 2013
CLAS	S YEAR
LICENSEE NAME: FACULTY CLUB OF BRANDEI	S UNIVERSITY INC.
DOING BUSINESS A	
ADDRESS 415 SOUTH ST.	
CITY/TOWN: WALTHAM STATE:	MA ZIP CODE: 02453
MANAGER: COLLINS, MARK J. TYPE OF LICENS	E:Club CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER Y	YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
ONE STORY BLDG IN CENTER OF BRANDEIS UNI ROOM, TWO SMALL DINING ROOMS, COCKTAIL	
I hereby certify and swear under penalties of perjury that	:
1. the renewed license will be of the same type f	for the same premises now licensed;
2. the licensee has complied with all laws of the	Commonwealth relating to taxes; and
3. the premises are now open for business (If no	t explain below)
SIGNED BY:	
Individual, Partner or Authorized	Corporate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
	(Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in possession	(1) the certificate required by Chapter 304 of the
Acts of 2004, signed by the building inspector and the	e head of the fire department for the above named
license and (2) the certificate of liquor liability insura	ance required by Chapter 116 of the Acts of 2010.
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	By:
DISAPPROVED:	
(If disapproved explain)	.
DATE:	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 13200004	.5	CITY OR TOWN WALTI	HAM
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR	R 2013
	CLASS		YEAR
LICENSEE NAME: LOYAL (ORDER OF MOOSE INC.#1	018,INC.	
DOING BUSINESS A WALTH	IAM LODGE# 1018		
ADDRESS 17 SPRUCE STREE	ET .		
CITY/TOWN: WALTHAM	STATE: MA	ZIP CODE: 02453	
MANAGER: FLATEAU, FRA	NK TYPE OF LICENSE: C	lub CATEGOR	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO V	ISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
RATHSKELLAR, 2 BARS, KIT STORAGE	CHEN AND THREE ROO	MS ON FIRST FLOOR, BASE	MENT FOR
2. the licensee has comp 3. the premises are now SIGNED BY:	• •	·	
DATE: TE	LEPHONE NUMBER:	EMPLOYER IDENTIFI (Note: <u>NOT</u> Individual Soc	
We the undersigned, attest the Acts of 2004, signed by the bulicense and (2) the certificate of	ilding inspector and the he	ad of the fire department for	the above named
Please Check Below:		LOCAL LICENSING AU	THORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132000046		CITY OR TOWN	WALTHAM
APPLICATION FOR RENEWAL	: Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: NOBLE-IN DOING BUSINESS A THE HILT			
ADDRESS 450 TOTTEN POND	RD.		
CITY/TOWN: WALTHAM	STATE: MA	ZIP CODE:	02451
MANAGER: SMITH, SEAN	TYPE OF LICENSE: Inn	holder CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VIS	IT OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
FIRST FLOOR; DIVIDABLE BA POOL AREA. TOTAL SEATING FLOORS 3 THRU 6 HAS 30 ROO	CAPACITY 645 PERSON OMS EACH FLOOR FOR A	S. 2ND FLOOR HA	S 28 ROOMS.
2. the licensee has compli	enames of perjury mat: Il be of the same type for the ed with all laws of the Compen for business (If not explain	nonwealth relating to	
SIGNED BY: Individual,	Partner or Authorized Corpo	orate Officer	
DATE: TELE	EPHONE NUMBER:		R IDENTIFICATION NUMBER:
We the undersigned, attest that Acts of 2004, signed by the build license and (2) the certificate of	ling inspector and the head	l of the fire departi	ment for the above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	ABER: 132000048		CITY OR TOWN	WALTHAM
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: CHARCOAL	L GUIDO'S, LLC		
DOING BUSIN	IESS A CHARCOA	AL GUIDO'S		
ADDRESS 482	MOODY STREET			
CITY/TOWN:	WALTHAM	STATE: MA	ZIP CODE:	02453
	GIOVANETTI, LUIGI	TYPE OF LICENSE:	Restaurant Ca	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	OF LICENSED P	REMISES:		
BEHIND BLDO	G INTO ABUTTIN	EVELS WITH ENTRAN G PARKING LOT. KITO CLUDING 9 BAR SEAT	CHEN AND DINING	AREA WITH
I hereby certify	and swear under pe	nalties of perjury that:		
1. the r	enewed license will	be of the same type for the	ne same premises now	licensed;
2. the l	icensee has complie	ed with all laws of the Cor	nmonwealth relating to	o taxes; and
3. the p	premises are now op	en for business (If not ex	plain below)	
SIGNED BY:	T 1' ' 1 1 T		0.55	
	Individual, I	Partner or Authorized Cor	porate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
	TELE	FHONE NUMBER.	(Note: NOT Ind	lividual Social Security Number)
*** 41 1				11 (11 4 204 64
	-		_	ed by Chapter 304 of the ment for the above named
	•	_	_	r 116 of the Acts of 2010.
Please Check Belov	<u>w:</u>		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
			-	
DATE:				
D.111.				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 132000050		CITY	OR TOWN	WALTHA	M
APPLICATION FOR	R RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	COURTSIDE INC					
DOING BUSINESS	A THE WAVE SPORT	'S PUB				
ADDRESS 411 WA	VERLY OAKS RD					
CITY/TOWN: WA	LTHAM	STATE: MA	ZIP	CODE:	02452	
MANAGER: DUF	FY, ROBERT L.TYPE (OF LICENSE: Re	staurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEBSIT	TE AND ENTER YOUR E	MAIL ADDRI	ESS		_
DESCRIPTION OF	LICENSED PREMISES	:				
	OR WITH OFFICE, LOU LEVEL W/FITNESS CE					
I hereby certify and s	swear under penalties of	perjury that:				
1. the renew	red license will be of the	same type for the	same pro	emises now	v licensed;	
2. the licens	ee has complied with all	laws of the Comr	monwealt	th relating t	to taxes; and	
3. the premi	ses are now open for bus	iness (If not expl	ain belov	v)		
SIGNED BY:	Individual, Partner or .	Authorized Corn	orata Offi	icar		
	marvidual, I artifel of	Authorized Corp.	orate Om	icci		
DATE:	TELEPHONE N	IIIMRFR:		EMPLOYE	R IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEEEI HOIVE I	TOMBER.	(N	ote: NOT In	dividual Social S	Security Number)
Acts of 2004, signed	d, attest that we are in j d by the building inspec certificate of liquor liab	ctor and the head	d of the f	ïre depart	ment for the	above named
Please Check Below:			LOCA	AL LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED: [(If disapproved explain	oin)					
(ii disappioved expir	<i>i</i>		_			
			_			
DATE:						<u>—</u>
APPLICATION FOR RENEV	VAL MUST BE FILED BY LICEN	SEES DURING THE M	IONTH OF N	NOVEMBER (N	M.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 132000051		CH	Y OR TOWN	WALIHAI	IVI
APPLICATION FO	OR RENEWAL:	Annual	l	LICEN	NSED FOR 20	013
		CLASS	S			YEAR
	S A AMERICAN L	EGION POST # 1		LEGION INC	2.	
	AVERLEY OAKS F					
CITY/TOWN: WA	ALTHAM	STATE:	MA	ZIP CODE:	02452	
MANAGER: YAYA.	WNICK, DAVID T	YPE OF LICENSI	E:Veteran	s club C	CATEGORY:	All Alcohol
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER Y	OUR EMAIL A	DDRESS		
	F LICENSED PREM					_
	TH TWO ROOMS,			ASEMENT F	OR STORAG	E
•	swear under penalti				1 1.	
	wed license will be	* *		-		
	isee has complied winises are now open for			_	to taxes; and	
3. the pren	uses are now open to	or business (if not	expiaiii bi	510W)		
SIGNED BY:	Individual, Partr	er or Authorized (Corporate	Officer		
DATE:	TELEPHO	ONE NUMBER:			ER IDENTIFICAT	FION NUMBER:
Acts of 2004, signe	ed, attest that we a ed by the building i e certificate of liquo	inspector and the	head of t	he fire depart	tment for the	above named
Please Check Below:			L	OCAL LICEN	SING AUTHO	ORITY
APPROVED:]		В			
DISAPPROVED:						
(If disapproved exp	laın)		_			
			_			
DATE:			_			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 132000052		CITY OR TOWN	WALTHAM
APPLICATION FO	R RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME	: WESTON RACQ	UET CLUB INC.		
DOING BUSINESS	S A WESTON RAC	QUET CLUB		
ADDRESS 132 WE	EST STREET			
CITY/TOWN: WA	ALTHAM	STATE: MA	ZIP CODE:	02451
MANAGER: TRA		PE OF LICENSE: Re	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR F	CMAIL ADDRESS	
DESCRIPTION OF	LICENSED PREM	ISES:		
SERVICE ROOM (ON FIRST FLOOR A			AND FOOD ND TWO LOUNGES
I hereby certify and	swear under penaltie	es of perjury that:		
1. the renev	wed license will be of	f the same type for the	e same premises now	licensed;
2. the licen	see has complied wit	h all laws of the Com	monwealth relating to	taxes; and
3. the prem	ises are now open fo	r business (If not exp	lain below)	
SIGNED BY:	Individual Dartna	er or Authorized Corp	oroto Officer	
	marviduai, Partile	er or Aumorized Corp	orate Officer	
DATE:				
DATE.	TELEPHO	NE NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)
			(****** <u>*******</u> Indi	vidual Social Security (valideer)
Acts of 2004, signe	ed by the building in	spector and the hea	d of the fire departn	d by Chapter 304 of the nent for the above named 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	iain)			
DATE:			-	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132	2000053		CITY	OR TOWN	WALTHAN	M
APPLICATION FOR RE	NEWAL:	Annua CLAS		LICEN	SED FOR 20)13 YEAR
LICENSEE NAME: CA DOING BUSINESS A C ADDRESS 504 MAIN ST	AMPANIA TRAT	INC.				12.11
CITY/TOWN: WALTH	AM	STATE:	MA ZI	P CODE:	02452	
MANAGER: MAIONE	, JOHN TYPE	OF LICENS	E:Restaurant	C	ATEGORY:	All Alcohol
DESCRIPTION OF LICE		S:				
APPROX. 3600 SQ. FT. EXITS, BATHRMS EXP 88 PERSONS AND 15 C	ANDED KITCHE					
2. the licensee ha 3. the premises a SIGNED BY:	cense will be of the s complied with al re now open for bu	l laws of the siness (If no	Commonweat explain belo	ow)		
DATE:	TELEPHONE	NUMBER:	(TION NUMBER: ecurity Number)
We the undersigned, att Acts of 2004, signed by license and (2) the certif	the building inspe	ector and the	e head of the	fire departi	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOC By:	CAL LICENS	SING AUTHO	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 132000054		CITY OR TOV	WN WALIHA	AIVI
APPLICATION FOI	R RENEWAL:	Annual	LIC	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME:	WILLOW STRE	ET TAVERN INC.			
DOING BUSINESS	A HOSETROUGH	H TAVERN			
ADDRESS 194 WII	LOW STREET				
CITY/TOWN: WA	LTHAM	STATE: MA	ZIP CODE	2: 02453	
MANAGER: LEB	LANC, PAUL TY	YPE OF LICENSE: Ta	avern	CATEGORY:	: All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREM	ISES:			
BARROOM AND K	ITCHEN ON FIRS	T FLOOR, BASEME	ENT STORAGE		
I hereby certify and s	swear under penalti	es of perjury that:			
1. the renew	ed license will be o	of the same type for th	e same premises i	now licensed;	
2. the licens	ee has complied wi	th all laws of the Com	monwealth relati	ng to taxes; and	
3. the premi	ses are now open for	or business (If not exp	lain below)		
SIGNED BY:					
STOTIED DI.	Individual, Partn	er or Authorized Corp	orate Officer		
DATE:	TELEDIJO	NIE NILIMDED.	EMPL (OYER IDENTIFICA	TION NUMBER:
	TELEPHO	NE NUMBER:			
					•
		re in possession (1) th			
		nspector and the hear r liability insurance			
Please Check Below:	1	3	-		
APPROVED:				ENSING AUTH	IORITY
DISAPPROVED:			By:		
(If disapproved explain	ain)				
	•				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 132000056		CITY OR TOWN	WALIHAM
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS		MAMAGEMENT CO RN TLC	RP.	
ADDRESS 380 WIN	NTER ST			
CITY/TOWN: WA	LTHAM	STATE: MA	ZIP CODE:	02451
MANAGER: LOP EL	RESTI,MICHA TY	PE OF LICENSE:Inn	holder CA	ATEGORY: All Alcohol
EMAIL ADDRESS:	N FASE ALSO MISTERIA	WERGING AND ENVIOLD VOLUME	AAW ADDDEGG	
DESCRIPTION OF		WEBSITE AND ENTER YOUR EN ISES:	IAIL ADDRESS	
OF DINING ROOM CONSISTING OF M	S, COCTAIL LOU MAIN FUNCTION REMISE FOR A PA	O HOTEL ROOMS PE NGE AND POOL WIT ROOM AND DIVIDA ATIO SERVICE OUTI R 15TH.	TH POOL DECK, B BLE FUNCTION R	SASEMENT COOM.AM
I hereby certify and s	swear under penaltie	es of perjury that:		
2. the licens	ee has complied wi	f the same type for the th all laws of the Common business (If not explanation)	nonwealth relating to	
SIGNED BY:	Individual, Partne	er or Authorized Corpo	orate Officer	
DATE:	TELEPHO	NE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Acts of 2004, signe	d by the building i	nspector and the head	l of the fire departi	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICENS By:	SING AUTHORITY
(If disapproved explain	ain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132000057		CITY OR TOWN W	VALTHAM
APPLICATION FOR RENEWAL:	Annual	LICENSE	D FOR 2013
	CLASS		YEAR
LICENSEE NAME: WALTHAM M	ANAGEMENT COMPA	NY INC.	
DOING BUSINESS A COURTYAR	D BY MARRIOTT AT W	ALTHAM	
ADDRESS 385 WINTER STREET			
CITY/TOWN: WALTHAM	STATE: MA	ZIP CODE:	02451
MANAGER: CLEMENT, ROBERT P.	ΓΥΡΕ OF LICENSE: Innh	older CAT	EGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	IR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED PRE	MISES:		
5 STORY HOTEL CONSISTING OF FLOOR WITH ADDITIONAL ENTR AND SOUTH SIDES OF BUILDING ROOM OF 110 SQFT LOCATED ON MOVED WITHIN THE EXISTING I SEATS AND SERVICE BAR.	RANCES AND EXITS LO B. KITCHEN AND LOUN N FIRST FLOOR.THE BA	CATED ON FIRST I GE OF 821 SQFT AN AR AND DINING AR	FLOOR ON WEST ND DINING EA ARE BEING
I hereby certify and swear under penal	ties of perjury that:		
1. the renewed license will be	of the same type for the s	ame premises now lic	ensed;
2. the licensee has complied v	vith all laws of the Commo	onwealth relating to ta	axes; and
3. the premises are now open	for business (If not explai	n below)	
SIGNED BY: Individual, Part	tner or Authorized Corpor	ate Officer	
DATE: TELEPH	ONE NUMBER:		ENTIFICATION NUMBER:
We the undersigned, attest that we Acts of 2004, signed by the building license and (2) the certificate of liqu	inspector and the head	of the fire departmen	nt for the above named
Please Check Below:		LOCAL LICENSIN	G AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 132000059		C	ITY OR TOWN	WALTHAN	M
APPLICATION FOR	R RENEWAL:	Annua	al	LICENS	SED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME:	RYANS WIN	NE SHOP,INC				
DOING BUSINESS	A RYANS WI	INE SHOP				
ADDRESS 192 LEX	INGTON ST					
CITY/TOWN: WA	LTHAM	STATE:	MA	ZIP CODE:	02452	
MANAGER: RYA	N, PETER W	TYPE OF LICENS	SE:Packa	ge Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
2. the license	EROOM ON F wear under per ed license will ee has complied	TIRST FLOOR,BASI	:: for the sar Commor	me premises now		
SIGNED BY:	Individual, P	artner or Authorized	Corporat	e Officer		
DATE:	TELEF	PHONE NUMBER:		EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	uin)			LOCAL LICENS By:	ING AUTHO	ORITY
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132000060	(CITY OR TOWN	WALTHAM
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: GLENDALE PK	G STORE		
DOING BUSINESS A			
ADDRESS 1093 LEXINGTON ST			
CITY/TOWN: WALTHAM	STATE: MA	ZIP CODE:	02452
MANAGER: WILLIAMS, THOM TO AS F.	YPE OF LICENSE:Pack	age Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF LICENSED PREM	ISES:		
STORE AND STOREROOM ON FIRS AND REAR STORAGE AT 1099 LEX		STORAGE AT 10	097 LEXINGTON ST
2. the licensee has complied wi3. the premises are now open for		_	taxes; and
SIGNED BY: Individual, Partn	er or Authorized Corpora	ate Officer	
DATE: TELEPHO	NE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS	ING AUTHORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 132000061		CITY OR TOWN	WALTHA	M
APPLICATION FOR	R RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	DION AND LE	AHAN INC			
DOING BUSINESS	A D & L LIQUO	ORS			
ADDRESS 856 LEX	KINGTON ST				
CITY/TOWN: WA	LTHAM	STATE: MA	ZIP CODE:	02452	
MANAGER: DIO	N, PETER M T	TYPE OF LICENSE: P	ackage Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS:]
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREM	MISES:			
STREET. CONSIST & REAR DOOR.AD	TNG OF 3548 SQ DING 1,536 SQ.	E STORY STORE LO . FT. OF RETAIL SPA FOOTAGE FOR TOT	ACE AND STORAG AL OF 5,084 SQ. FI	E. IT HAS A Γ.OF RETAII	FRONT
		EXISTING FRONT A	ND REAR DOORS.		
I hereby certify and s	•				
		of the same type for th			
	=	with all laws of the Con	_	to taxes; and	
5. the premi	ses are now open	for business (If not exp	nam below)		
CICNED DV.					
SIGNED BY:	Individual, Part	ner or Authorized Corp	oorate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYE	R IDENTIFICAT	TION NUMBER:
			(Note: NOT Inc	dividual Social S	ecurity Number)
Please Check Below:			LOCAL LICENS	SING AUTH) DITV
APPROVED:			By:	<i></i>	SKIT I
DISAPPROVED:			J		
(If disapproved expla	ain)				
DATE:					
DAIL.					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 13	2000062		CITY OR TO	JWN WALIHA	AIVI
APPLICATION FOR RE	NEWAL:	Annual	L	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: GO DOING BUSINESS A		ГНАМ LIQUOR ST	ORE		
ADDRESS 894-98 MAIN					
CITY/TOWN: WALTH	AM	STATE: MA	ZIP COI	DE: 02451	
MANAGER: Gordon, I	Richard A. TYI	PE OF LICENSE: Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LICE		EBSITE AND ENTER YOUR I SES:	EMAIL ADDRESS		
2. the licensee has 3. the premises a SIGNED BY:	cense will be of as complied with re now open for	the same type for the all laws of the Com business (If not exp	monwealth rela		
Ind	dividual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:		LOYER IDENTIFICA OT Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LI By:	CENSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132000063	CITY OR TOWN WALTHAM
APPLICATION FOR RENEWAL: Ann	nual LICENSED FOR 2013
CL	ASS YEAR
LICENSEE NAME: KRUPA, INC DOING BUSINESS A VERONICA'S	
ADDRESS 1074 MAIN ST	
CITY/TOWN: WALTHAM STATE:	: MA ZIP CODE: 02451
MANAGER: PATEL, ARVIND K.TYPE OF LICE	NSE:Package Store CATEGORY: Wine and Malt Regular
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENT	TER YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
STORE AND STOREROOM ON FIRST FLOOR, BA	ASEMENT AND STORAGE
2. the licensee has complied with all laws of t 3. the premises are now open for business (If SIGNED BY: Individual, Partner or Authorize	not explain below)
DATE: TELEPHONE NUMBER	R: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LOCAL LICENSING AUTHORITY By:
DATE:	
APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURI	ING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 132000064		CITY OR TOWN WALTH	AIVI
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
	AME: COSTCO A' NESS A COSTCO I	TLANTIC LIQUORS, INC LIQUORS	2,	
ADDRESS 71	SECOND AVE			
CITY/TOWN:	WALTHAM	STATE: MA	ZIP CODE: 02451	
MANAGER:	CELENTANO, GREGORY S.	TYPE OF LICENSE: Pa	ackage Store CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
CHANGE FRO	OM ENTRANCE SI	DE TO THE EXI SIDE.		
	premises are now op	pen for business (If not exp		•
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
Please Check Beld APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AUTI By:	HORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 132000065		CITY OR TOWN WAL	IHAM
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NA DOING BUSII ADDRESS 59		UOR, INC.		
CITY/TOWN:	WALTHAM	STATE: MA	ZIP CODE: 0245	3
MANAGER:	GORDON, KENNETH I.	ΓΥΡΕ OF LICENSE: Pac	ckage Store CATEGO	PRY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION	N OF LICENSED PRE	MISES:		
STORE AND	STOREROOM ON FIR	AST FLOOR, BASEME	NT FOR STORAGE	
	premises are now open	with all laws of the Comi for business (If not expl ener or Authorized Corpo		and
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTI (Note: <u>NOT</u> Individual Se	FICATION NUMBER: ocial Security Number)
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AN By:	UTHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132000067		CITY OR TOWN	WALTHAN	M
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: ROUTE 117 W	NE AND LIQUORS I	LC		
DOING BUSINESS A CAMERON'S	WINE AND SPIRITS			
ADDRESS 1265 MAIN STREET				
CITY/TOWN: WALTHAM	STATE: MA	ZIP CODE:	02451	
MANAGER: PARK, SAMUEL E. T	YPE OF LICENSE:Pa	ackage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
	R WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF LICENSED PREM	AISES:			
1. the renewed license will be 2. the licensee has complied w 3. the premises are now open and a second seco	of the same type for the	monwealth relating to		
SIGNED BY: Individual, Part	ner or Authorized Corp	oorate Officer		
DATE: TELEPHO	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 13	2000068		CITY OR	TOWN	WALTHAI	M
APPLICATION FOR RE	ENEWAL:	Annua	1	LICEN	SED FOR 20)13
		CLAS	S			YEAR
LICENSEE NAME: IT DOING BUSINESS A V ADDRESS 248 MOODY	/INO ITALIANO					
CITY/TOWN: WALTH		STATE:	MA ZIP C	ODE:	02453	
MANAGER: MAIONE		~			ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:	SE ALSO VISIT OUR WE	BSITE AND ENTER Y	OUR EMAIL ADDRESS			
2. the licensee ha	OOM ON FIRST	FLOOR. GAR of perjury that he same type fo all laws of the	: or the same pren Commonwealth	nises now		
SIGNED BY:	dividual, Partner	or Authorized	Corporate Office	er		
DATE:	TELEPHONI	E NUMBER:				TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL By:	LICENS	ING AUTHO	ORITY
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1320	000069		CITY OR TOWN	WALTHA	M
APPLICATION FOR REN	IEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: MA DOING BUSINESS A GF ADDRESS 178 HIGH STI	REEN RIVER LIQU				
CITY/TOWN: WALTHA		STATE: MA	ZIP CODE:	02453	
MANAGER: MARDOY HAGOP	AN, TYPE O	F LICENSE:	Package Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE	ALSO VISIT OUR WEBSITI	E AND ENTER YOUR	R EMAIL ADDRESS		_
DESCRIPTION OF LICEN	NSED PREMISES:				
STORE AND STOREROO	OM ON FIRST FLO	OOR.BASEMI	ENT STORAGE		
I hereby certify and swear	under penalties of p	erjury that:			
1. the renewed lice	ense will be of the s	ame type for t	he same premises now	licensed;	
2. the licensee has	complied with all l	aws of the Co	nmonwealth relating t	to taxes; and	
3. the premises are	e now open for busi	ness (If not ex	plain below)		
SIGNED BY:	ividual, Partner or A	Authorized Co	porate Officer		
DATE					
DATE:	TELEPHONE N	UMBER:			FION NUMBER: Security Number)
			, <u></u>	ur. ruuur 500 ur. 5	vectority i variable)
Please Check Below:			LOCAL LICENS	SING AUTH	OPITV
APPROVED:			By:	onto Autin	OKITI
DISAPPROVED:			Dy.		
(If disapproved explain)			-		
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	132000070		CITY OR TOWN	N WALTHA	M
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	N & D INC				
DOING BUSINESS A	VILLAGE MARKE	Γ			
ADDRESS 586 SOUT	TH ST				
CITY/TOWN: WAL	ТНАМ	STATE: MA	ZIP CODE:	02453	
MANAGER: PATE D.	L, JITENDRA TYPE	OF LICENSE:Pa	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMISES	5:			
SEPARATE LIQUOR ENTRANCE AND EX TWO EXITS IN THE EXIT IN THE GROCI	AT THE FRONT (REAR OF THE STO	CENTER OF TV	VO STORES. IN A	DDITION TH	ERE ARE
I hereby certify and sw	vear under penalties of	perjury that:			
1. the renewed	d license will be of the	same type for th	e same premises no	w licensed;	
2. the licensee	has complied with all	laws of the Com	monwealth relating	to taxes; and	
3. the premise	es are now open for bus	siness (If not exp	lain below)		
SIGNED BY:	Individual, Partner or	Authorized Corp	oorate Officer		
DATE:	TELEPHONE I	NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICEN By:	NSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 13	2000071		CITY OR TOWN WA	ALIHAM
APPLICATION FOR RE	ENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NAME: AC DOING BUSINESS A E ADDRESS 86-88 TRAP	BEAVER BROOK BO	TTLE		
		TATE. MA	ZID CODE. 00	1452
CITY/TOWN: WALTH		TATE: MA		2452
MANAGER: FINNEG. F.	AN, ALMA TYPE OF	LICENSE: Pac	kage Store CATE	GORY: Wine and Malt Regular
EMAIL ADDRESS:				
PLEAS	SE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EN	IAIL ADDRESS	
DESCRIPTION OF LICI STORE AND STORERO		OR,BASEMEN	T STORAGE	
2. the licensee ha		ws of the Comm	same premises now licent nonwealth relating to taxt in below)	
Inc	dividual, Partner or Au	thorized Corpo	rate Officer	
DATE:	TELEPHONE NU	MBER:		NTIFICATION NUMBER: al Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENSING By:	AUTHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1320000)72	CITY OR TOWN	WALTHAN	1
APPLICATION FOR RENEW	Annual Annual	LICEN	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: SUNEH DOING BUSINESS A WILLOW ST				
ADDRESS 120 WILLOW ST	STATE: MA	ZIP CODE:	02452	
CITY/TOWN: WALTHAM	2		02453	
MANAGER: KOTHARI, NE	EHA TYPE OF LICENSE:P	ackage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO	O VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LICENSE	D PREMISES:			
STORE AND STOREROOM	ON FIRST FLOOR.BASEME	ENT STORAGE		
I hereby certify and swear under	er penalties of perjury that:			
1. the renewed license	will be of the same type for the	ne same premises now	licensed;	
2. the licensee has con	nplied with all laws of the Cor	nmonwealth relating to	taxes; and	
3. the premises are no	w open for business (If not exp	olain below)		
SIGNED BY:				
	ual, Partner or Authorized Cor	porate Officer		
DATE:		EMBLOVED		ION NUMBER.
T)	ELEPHONE NUMBER:	(Note: NOT Ind	R IDENTIFICAT	
		(1766: <u>1761</u> mu	ividuai Sociai Sc	curry (vumber)
Please Check Below:		LOCAL LICENS	INC AUTHO	DITV
APPROVED:		By:	ING AUTHO	KII I
DISAPPROVED:		Dy.		
(If disapproved explain)				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 132000074		CIT	TY OR TO	WN	WALTHA	M
APPLICATION FOR	RENEWAL:	Annual	1	LI	CENSE	ED FOR 20	013
		CLASS	S				YEAR
	BEATTIE CASEY CO A MICHAEL'S FINE V		LIQUORS	S			
ADDRESS 411 WAY	/ERLEY OAKS RD						
CITY/TOWN: WAI	LTHAM	STATE:	MA	ZIP COD	E:	02452	
MANAGER: COT MICH	TON, TYPE (HAEL	OF LICENS	E:Package	e Store	CAT	EGORY:	All Alcohol
EMAIL ADDRESS:							
]	PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER Y	OUR EMAIL A	ADDRESS			_
DESCRIPTION OF I	LICENSED PREMISES						
	T IN THE FRONT OF ' A SIDE EMERGENC'						
I hereby certify and s	wear under penalties of	perjury that:					
1. the renewe	ed license will be of the	same type fo	or the sam	e premises	now li	censed;	
2. the license	e has complied with all	laws of the	Commony	vealth rela	ting to t	axes; and	
3. the premis	es are now open for bus	iness (If not	explain b	elow)			
SIGNED BY:	Individual, Partner or .	Authorized (Corporate	Officer			
	marviduai, i artifer of	Authorizeu	corporate	Officer			
DATE:	TELEDIJONE N	HIMDED.		EMDI	OVER II	DENTIFIC AT	TION NUMBER:
	TELEPHONE N	UMBEK:					ecurity Number)
Please Check Below:			L	OCAL LIC	CENSIN	NG AUTH	ORITY
APPROVED:			В	y:			
DISAPPROVED: (If disapproved expla	in)						
(ii disappioved expid	,						
			_				
DATE:			_				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132000075	C	ITY OR TOWN	WALTHAN	1
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: MONTEIRO ENTERPRI	SES, INC.			
DOING BUSINESS A STEPHEN'S LIQUOR N	IART			
ADDRESS 484-86 MAIN ST				
CITY/TOWN: WALTHAM ST	ATE: MA	ZIP CODE:	02452	
MANAGER: MONTEIRO, TYPE OF MARIA C.	LICENSE:Packa	ge Store CA	TEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE AN	ND ENTER YOUR EMAI	L ADDRESS		
DESCRIPTION OF LICENSED PREMISES:				
STORE AND STOREROOMS ON FIRST FLOOREAR	OR,BASEMENT	STORAGE ON S	SECOND FL	OOR
I hereby certify and swear under penalties of perj	ury that:			
1. the renewed license will be of the sam	ne type for the sa	me premises now	licensed;	
2. the licensee has complied with all law		=		
3. the premises are now open for busines		•	,	
SIGNED BY:				
Individual, Partner or Aut	horized Corpora	te Officer		
DATE: TELEPHONE NUM	MBER:	EMPLOYER	IDENTIFICATI	ON NUMBER:
		(Note: NOT Indi	vidual Social Se	curity Number)
Please Check Below:		LOGAL LIGENS		D I TO I
APPROVED:		LOCAL LICENS) By:	ING AUTHO	OKII Y
DISAPPROVED:		Бу.		
(If disapproved explain)				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 132000076		CITY OR TO	WN WALTHA	M
APPLICATION F	OR RENEWAL:	Annual	LI	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAM	E: HEI WALTHAM	LLC			
DOING BUSINES	SS A EMBASSY SU	ITES BOSTON/WAL	THAM		
ADDRESS 550 W	/INTER STREET				
CITY/TOWN: W	VALTHAM	STATE: MA	ZIP COD	E: 02451	
MANAGER: W	EITZ, ROBERT T	YPE OF LICENSE: In	nholder	CATEGORY:	All Alcohol
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		
	OF LICENSED PREM				
FIRST FLOOR W BALLROOM, MI	ITH SEATING FOR	F 1ST FLR WITH SE 136 PATRONS.MAN 11ST AND 3RD FLR ARS	NAGERS RECE	PTION ON 2ND	FLR.
I hereby certify an	d swear under penalti	es of perjury that:			
1. the ren	ewed license will be o	of the same type for the	e same premises	now licensed;	
	1	th all laws of the Com		ing to taxes; and	
3. the pre	mises are now open for	or business (If not exp	lain below)		
SIGNED BY:					
	Individual, Partn	er or Authorized Corp	orate Officer		
DATE:	TEL EPHO	NE NUMBER:	EMPL	OYER IDENTIFICA	TION NUMBER:
	TEEETTIC	IVE IVENIBLIK.	(Note: <u>NO</u>	T Individual Social	Security Number)
Acts of 2004, sig	ned by the building i	re in possession (1) the nspector and the hear r liability insurance	d of the fire de	partment for the	e above named
Please Check Below:			LOCAL LIC	ENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved ex					
(II disappioved ex	φιαιι)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	.32000077		CITY OR TOWN	WALTHAN	M
APPLICATION FOR F	RENEWAL:	Annual	LICENS	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: I) & L LIQUOR	S,INC.			
DOING BUSINESS A					
ADDRESS 119-123 R	IVER ST				
CITY/TOWN: WALT	'HAM	STATE: MA	ZIP CODE:	02453	
MANAGER: DION,	PETER T	YPE OF LICENSE:Pa	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREM	MISES:			
ONE STORY STRUCT STORAGE	TURE CONSIST	ΓING OF STORE AN	D STOREROOM AN	D BASEME	INT
2. the licensee	license will be on has complied w	of the same type for the ith all laws of the Comfor business (If not exp	monwealth relating to		
SIGNED BY:	Individual, Partr	ner or Authorized Corp	orate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED:			LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:			By:		
(If disapproved explain)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 132000078		CITY OR TOWN	WALTHAN	M
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	CRUZ II, INC				
DOING BUSINESS	A CRUZ MARKE	Τ			
ADDRESS 139 FEL	TON ST				
CITY/TOWN: WA	LTHAM	STATE: MA	ZIP CODE:	02453	
MANAGER: CRU	Z, ANGEL M TY	PE OF LICENSE: Pac	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:		-			
		WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		-
DESCRIPTION OF					
	_	oors, one for entrance,	one exit. Office are	ea and bathro	om
I hereby certify and s	-				
		f the same type for the	=		
	=	h all laws of the Comr r business (If not explain	_	taxes, and	
		- Cusiness (II not expir	am below)		
SIGNED BY:					
5101(25 51.	Individual, Partne	er or Authorized Corpo	orate Officer		
DATE:	TELEPHON	NE NUMBER:	EMPLOYER	DENTIFICAT	TION NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	ain)				
DATE:					
			<u></u>		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 132000080		CITY OR TOWN	WALTHAN	M
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
	LITTLE INDIA RES				
CITY/TOWN: WA		STATE: MA	ZIP CODE:	02453	
MANAGER: KUN		OF LICENSE: Re		ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS		EMAIL ADDRESS		
APPROX 1300 SQF	LICENSED PREMISE T ON FIRST FLOOR V PATRONS. STORAGE	WITH DINING R		AND BATHR	COOMS.
2. the licens	red license will be of the ee has complied with al ses are now open for bu Individual, Partner or	l laws of the Com siness (If not exp	monwealth relating to		
DATE:	TELEPHONE	NUMBER:	EMPLOYEF (Note: <u>NOT</u> Ind	R IDENTIFICAT lividual Social Se	
Acts of 2004, signed	d, attest that we are in d by the building inspe certificate of liquor lia	ector and the hea	d of the fire departi	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENS By:	SING AUTHO	DRITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 132000081		CITY OR TOWN	WALTHAN	M
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	BOMBAY MAHAL	, INC.			
DOING BUSINESS	A BOMBAY MAHA	L RESTAURAN	NT		
ADDRESS 458-62 N	MOODY STREET				
CITY/TOWN: WA	LTHAM	STATE: M	A ZIP CODE:	02453	
MANAGER: SHA	IKH, ANVER I. TYPE	E OF LICENSE:	Restaurant C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOU	R EMAIL ADDRESS		-
	LICENSED PREMISE				
ONE STORY BRIC ENTRANCES AND		KITCHEN TWO) ADJACENT DINING	G ROOMS. T	OW
 the renew the licens 		e same type for Il laws of the Co usiness (If not ex			
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Acts of 2004, signe	d by the building insp	ector and the h	the certificate require ead of the fire departs e required by Chapte	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explains)	ain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	132000082		CITY	OR TOWN	WALTHA.	M
APPLICATION FOR	R RENEWAL:	Annual		LICE	NSED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	BENTLEY UNIV	ERSITY				
DOING BUSINESS	A BENTLEY UNI	VERSITY				
ADDRESS 500 BEA	VER STREET					
CITY/TOWN: WAI	LTHAM	STATE: MA	Z	IP CODE:	02451	
MANAGER: britt,	julianne TY	PE OF LICENSE: Club)	(CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	AIL ADD	ORESS		
DESCRIPTION OF I	LICENSED PREMI	SES:				
AND DINING FACI CONTAINING BAN	LITIES FOR 70 PE QUET FACILITIE	ON 2ND FLR CONTA RSONS AND RESTR S AND 2 CONFEREN ROOM OF APPROX	OOM:	S, AN ADD OOMS/ FU	ITIONAL 370	00 SQ FT
I hereby certify and s	wear under penaltie	s of perjury that:				
1. the renew	ed license will be of	the same type for the s	same p	oremises nov	w licensed;	
	-	n all laws of the Comm		•	to taxes; and	
3. the premis	ses are now open for	business (If not explain	in belo	ow)		
SIGNED BY:	Individual, Partne	r or Authorized Corpor	rate Of	fficer		
DATE:				EMBLOWI		EION NUMBER
DATE.	TELEPHON	NE NUMBER:	(ΓΙΟΝ NUMBER: Security Number)
Acts of 2004, signed	by the building in	e in possession (1) the spector and the head liability insurance re	of the	e fire depar	tment for the	above named
Please Check Below:			LOC	CAL LICEN	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:	in)					
(If disapproved expla	<i>)</i>					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	132000083		CITY OR TO	WN WALIHA	AVI
APPLICATION FOR I	RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	NAKED FISH REST	'AURANTS INC			
DOING BUSINESS A	NAKED FISH RES	TAURANT			
ADDRESS 455 TOTT	EN POND ROAD				
CITY/TOWN: WALT	ГНАМ	STATE: MA	ZIP CODE	2: 02154	
MANAGER: JONES	, JANICE TYPE	OF LICENSE:R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMISE	S:			
FREE STANDING CI	RCULAR SHAPED	BLDG., CONTA	INING TWO FLO	OORS.	
I hereby certify and sw	ear under penalties of	f perjury that:			
1. the renewed	l license will be of the	e same type for th	e same premises	now licensed;	
2. the licensee	has complied with al	l laws of the Con	nmonwealth relati	ng to taxes; and	
3. the premise	s are now open for bu	isiness (If not exp	plain below)		
SIGNED BY:					
	Individual, Partner or	r Authorized Corp	oorate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLO	YER IDENTIFICA	TION NUMBER:
	TEEETHOTE	ivelviber.	(Note: NO)	Individual Social	Security Number)
We the undersigned, Acts of 2004, signed l					
license and (2) the cer					
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	ı)				
			-		
DATE:					
I.L.					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	132000084		CITY OR TOWN WAL	ЛПАМ
APPLICATION FOR I	RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
LICENSEE NAME:	NSPIRED CONCEPT	rs, llc		
DOING BUSINESS A	IN A PICKEL REST	AURANT		
ADDRESS 265 MOOI	DY STREET			
CITY/TOWN: WALT	THAM	STATE: MA	ZIP CODE: 0245	53
MANAGER: BURK	E, TIMOTHY TYPE (OF LICENSE: Res	taurant CATEGO	ORY: Wine and Malt Regular
EMAIL ADDRESS:				
PL	EASE ALSO VISIT OUR WEBSIT	TE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LI	CENSED PREMISES	:		
2. the licensee 3. the premises SIGNED BY:	has complied with all s are now open for bus	laws of the Comn siness (If not expla		
	Individual, Partner or	Authorized Corpo	rate Officer	
DATE:	TELEPHONE N	IUMBER:	EMPLOYER IDENT (Note: NOT Individual S	TIFICATION NUMBER: Social Security Number)
Acts of 2004, signed b	y the building inspec	ctor and the head	e certificate required by C of the fire department for equired by Chapter 116 o	or the above named
Please Check Below:			LOCAL LICENSING A	UTHORITY
APPROVED:	٦		By:	
DISAPPROVED:				
(If disapproved explain	,			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 132000085		CITY OR TOWN WALTHAM	
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2013	
		CLASS	YEAR	
LICENSEE NA	AME: ERAWAN GRO	OUP INC.		
DOING BUSIN	NESS A TOM CAN CO	OOK		
ADDRESS 374	4 MOODY ST			
CITY/TOWN:	WALTHAM	STATE: MA	ZIP CODE: 02453	
MANAGER:	VIYARAN, THOMAS NOPPORN	ГҮРЕ OF LICENSE:Rest	taurant CATEGORY: Wine a Malt R	
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION	N OF LICENSED PRE	MISES:		
	THREE BATHROOMS TENTRANCE AND EX		MENT MAIN ENTRANCEAND	
I hereby certify	and swear under penal	ties of perjury that:		
1. the 1	renewed license will be	of the same type for the s	same premises now licensed;	
2. the l	licensee has complied v	with all laws of the Comm	onwealth relating to taxes; and	
3. the 1	premises are now open	for business (If not explain	in below)	
SIGNED BY:				
	Individual, Part	tner or Authorized Corpor	rate Officer	
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICATION NUM (Note: NOT Individual Social Security Number 1)	
Acts of 2004,	signed by the building	inspector and the head	certificate required by Chapter 304 of the fire department for the above required by Chapter 116 of the Acts of	amed
Please Check Belo	ow:		LOCAL LICENSING AUTHORITY	
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132000086	C	TITY OR TOWN WALTI	HAM
APPLICATION FOR RENEWAL:	Annual CLASS	LICENSED FOR	R 2013 YEAR
LICENSEE NAME: LABALENA, DOING BUSINESS A TUSCAN G ADDRESS 361-63 MOODY STRE	, INC.		
CITY/TOWN: WALTHAM	STATE: MA	ZIP CODE: 02453	
MANAGER: BURKE, BONITA	TYPE OF LICENSE: Resta	urant CATEGOR	Y: All Alcohol
EMAIL ADDRESS: PLEASE ALSO VISIT DESCRIPTION OF LICENSED PR APPROX 1600 SQ FT ON GROUN PATRONS INCLUDING 10 BAR S	ID LEVEL WITH FRONT A	ND REAR EXITS. SEATI	
2. the licensee has complied	be of the same type for the sa d with all laws of the Commo en for business (If not explain	nwealth relating to taxes; a	
SIGNED BY: Individual, Pa	artner or Authorized Corpora	te Officer	
DATE: TELEP	PHONE NUMBER:	EMPLOYER IDENTIFI (Note: <u>NOT</u> Individual Soc	
We the undersigned, attest that w Acts of 2004, signed by the buildin license and (2) the certificate of license.	ng inspector and the head o	f the fire department for	the above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AU By:	THORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 132000088		CITY	OR TOWN	WALTHAI	M
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 20)13
		CLASS				YEAR
LICENSEE NAME:	BERTUCCI'S RESTA	URANT COR	P.			
DOING BUSINESS A	A BERTUCCI'S BRIC	K OVEN RIST	ORANTE			
ADDRESS 475 WIN	TER STREET					
CITY/TOWN: WAL	LTHAM	STATE: M	A ZII	P CODE:	02451	
MANAGER: CHAT	ΓΙS, SCOTT M.TYPE	OF LICENSE:	Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
F	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOU	R EMAIL ADDR	RESS		_
	LICENSED PREMISES					
CONSISTING OF 3 1	DINING AREAS, AND	BAR AREA.				
T1 1 26 1	1 1 6					
	wear under penalties of ed license will be of the		the same ni	remises now	licensed:	
	e has complied with all	• •	•			
	es are now open for bu			•	•	
SIGNED BY:				_		
	Individual, Partner or	Authorized Co	rporate Off	ficer		
DATE:				EMDI OVE		ION NUMBER:
DATE.	TELEPHONE 1	NUMBER:	(1)			ecurity Number)
						•
	l, attest that we are in by the building inspe					
	ertificate of liquor lia					
Please Check Below:			LOC	AL LICENS	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED: [(If disapproved explain	in)					
(ii disappioved explai	iii <i>)</i>					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 132000089		CITY OR TOWN WALTE	1AIVI
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	BLACK ROCK, IN	C		
DOING BUSINESS A	A BISON COUNTY			
ADDRESS 275 MOC	DDY STREET			
CITY/TOWN: WAL	THAM	STATE: MA	ZIP CODE: 02453	
MANAGER: RUBI	N, ADAM L. TYP	E OF LICENSE: Res	staurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:				
F	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF I	LICENSED PREMIS	ES:		
RESTAURANT AND) BAR			
I hereby certify and sv	wear under penalties	of perjury that:		
1. the renewe	ed license will be of t	he same type for the	same premises now licensed;	
2. the license	e has complied with	all laws of the Comn	nonwealth relating to taxes; ar	nd
3. the premis	es are now open for l	ousiness (If not expla	ain below)	
SIGNED BY:				
SIGNED D1.	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEDIJONI	Z NILIMDED.	EMPLOYER IDENTIFIC	CATION NUMBER:
	TELEPHONI	E NUMBER:	(Note: NOT Individual Soci	
			e certificate required by Cha	
			l of the fire department for t equired by Chapter 116 of t	
	or and or and and a			
Please Check Below: APPROVED:			LOCAL LICENSING AUT	THORITY
DISAPPROVED:			By:	
(If disapproved explain	in)			
(ii disupproved explus	··· <i>)</i>			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 132000092		CITY OR TOWN	WALTHA	M
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: HECSAM INC.				
DOING BUSINESS	S A PAISANO BAR	& RESTAURANT			
ADDRESS 223 HIC	GH ST				
CITY/TOWN: WA	ALTHAM	STATE: MA	ZIP CODE:	02453	
MANAGER: CON OR	NTRERAS,HECTTY	PE OF LICENSE:Re	estaurant (CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMI	ISES:			
2. the licens	see has complied wit	f the same type for the h all laws of the Com r business (If not expl	monwealth relating		
SIGNED BY:	Individual, Partne	r or Authorized Corp	orate Officer		
DATE:	TELEDITOR	AIE AII IMDED.	FMPI OVI	ER IDENTIFICAT	TION NUMBER:
	TELEPHO	NE NUMBER:		ndividual Social S	
Acts of 2004, signe	ed by the building in	e in possession (1) the aspector and the hea be liability insurance	d of the fire depar	tment for the	above named
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved expl	Lain)				
· · · · · · · · · · · · · · · · · · ·	··· <i>,</i>				
DATE:					
					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 13	32000093		CITY OR TOWN V	VALTHAM
APPLICATION FOR R	ENEWAL:	Annual	LICENSE	D FOR 2013
		CLASS		YEAR
LICENSEE NAME: S'DOING BUSINESS A OADDRESS 475 WINTE	GREEN PAPAY			
CITY/TOWN: WALTI		STATE: MA	ZIP CODE: ()2451
MANAGER:	IY	PE OF LICENSE: Re	staurant CA1	EGORY: Wine and Malt Regular
EMAIL ADDRESS:				
PLEA	ASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LIC				
ON FIRST FLOOR. FR COMMON AREA	ONT ENTRY A	ND EXIT REAR SIL	DE DOOR LEADING T	O AN INTERIOR
2. the licensee h 3. the premises SIGNED BY:	icense will be of as complied with are now open for	the same type for the n all laws of the Common business (If not expl		
Ir	ndividual, Partnei	r or Authorized Corpo	orate Officer	
DATE:	TELEPHON	NE NUMBER:		ENTIFICATION NUMBER:
We the undersigned, a Acts of 2004, signed by license and (2) the cert	the building in	spector and the head	d of the fire departmen	nt for the above named
Please Check Below:			LOCAL LICENSIN	G AUTHORITY
APPROVED: DISAPPROVED: (If disapproved explain)			By:	
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 132000094		CITY OR TOW	N WALIHA	.IVI
APPLICATION	FOR RENEWAL:	Annual	LICI	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NA	ME: BENEFITS RES	TAURANT ONE LLC			
DOING BUSIN	TESS A THE ELEPHA	NT WALK			
ADDRESS 663	MAIN ST				
CITY/TOWN:	WALTHAM	STATE: MA	ZIP CODE:	02451	
MANAGER:	PERRY, ROBERT T	YPE OF LICENSE:Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRI	ESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		
	OF LICENSED PREM				
	OR CONTAINING A D				
	GE IN BASEMENT OF APPROX. 2400 SQ				
	AS, 4 RESTROOMS AN				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
AREA					
I hereby certify	and swear under penalt	ies of periury that:			
	enewed license will be		e came premises n	ow licensed:	
	icensee has complied w	• •			
	premises are now open f			g to taxes, and	
	remises are now open i	or outsiness (if not exp.			
SIGNED BY:					
SIGNED D1.	Individual, Partr	ner or Authorized Corp	orate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLOY	YER IDENTIFICA	TION NUMBER:
			(Note: NOT	Individual Social S	Security Number)
We the unders	signed, attest that we a	ra in naccassian (1) th	na cartificata radi	iirad by Chant	tor 301 of the
	igned by the building				
license and (2)	the certificate of liquo	or liability insurance	required by Chap	oter 116 of the	Acts of 2010.
Please Check Below	<u>v:</u>		LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	explain)				
D.A. EVE					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 132000095		CITY OR TOWN	N WALTHA	M
APPLICATION F	FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAM	E: FOX WARREN, INC	C.			
DOING BUSINES	SS A IL CAPRICCIO				
ADDRESS 888-9	2 MAIN STREET				
CITY/TOWN: W	VALTHAM	STATE: MA	ZIP CODE:	02451	
	ARRON, TYPE CHARD	OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION C	OF LICENSED PREMISE	S:			
	FIRST FLOOR, KITCHE G BAR. KITCHEN, PREF				
I hereby certify an	d swear under penalties o	f perjury that:			
1. the ren	ewed license will be of the	e same type for the	same premises no	w licensed;	
2. the lice	ensee has complied with a	ll laws of the Comr	nonwealth relating	to taxes; and	
3. the pre	mises are now open for bu	usiness (If not expla	ain below)		
SIGNED BY:	Individual, Partner o	r Authorized Corpo	orate Officer		
	marridan, rumer o	r ramorized corp.	race officer		
DATE:	TELEPHONE	NUMBER:	EMPLOY	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
		- ,	(Note: NOT I	ndividual Social S	Security Number)
Acts of 2004, sign	ned, attest that we are in ned by the building insp ne certificate of liquor lia	ector and the head	l of the fire depai	tment for the	above named
Please Check Below:			LOCAL LICEN	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved ex	plain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 13	32000096		CITY	OR TOWN	WALTHA	M
APPLICATION FOR RI	ENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: W	ALTHAM CHINA	A CORP				
DOING BUSINESS A	SICHUAN'S GAR	DEN				
ADDRESS 411 WAVE	RLY OAKS RD					
CITY/TOWN: WALTI	HAM	STATE: MA	ZII	P CODE:	02452	
MANAGER: HAN, H	SIU-LIEN TYPI	E OF LICENSE:R	estaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEA	ASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR	EMAIL ADDR	RESS		
DESCRIPTION OF LIC						
APPROX 6000 SQ FT. AND FOOD PREP ARE			ICE BAI	R ONLY. S	SEPARATE K	KITCHEN
I hereby certify and swea	-			:	. 1:	
	license will be of the as complied with a	• •	•			
	are now open for b			•	io taxes, and	
		, 1				
SIGNED BY:						
	ndividual, Partner o	or Authorized Corp	orate Off	ficer		
DATE:	TELEPHONE	NUMBER:	0			ΠΟΝ NUMBER:
			(P	Note: <u>NO1</u> In	dividual Social S	Security Number)
We the undersigned, a		•		-		
Acts of 2004, signed by license and (2) the cert						
Please Check Below:	•	v	-	-	SING AUTH	
APPROVED:			By:	AL LICEN	SING AUTH	OKITI
DISAPPROVED:			2).			
(If disapproved explain)						
DATE:						
DAIE.						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	32000097		CITY OR TOWN	WALTHAN	M
APPLICATION FOR R	ENEWAL:	Annual CLASS	LICEN	SED FOR 20)13 YEAR
LICENSEE NAME: 99 DOING BUSINESS A ADDRESS 110 SOUTH	99 RESTAURANT				
CITY/TOWN: WALT	HAM S	STATE: MA	ZIP CODE:	02453	
MANAGER: RAAMF FRANK	· = /	F LICENSE: Res	taurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	ASE ALSO VISIT OUR WEBSITE	E AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LIC		TWO DOOMS (ON THE EIDST EI	OOR AND C	NIE.
FIRST FLOOR OF A FIROOM IN THE BASEN					INE
2. the licensee land 3. the premises SIGNED BY:	license will be of the s has complied with all lare now open for busing andividual, Partner or A	aws of the Comm	onwealth relating t in below)		
DATE:	TELEPHONE N	UMBER:			TON NUMBER: ecurity Number)
We the undersigned, a Acts of 2004, signed by license and (2) the cert	y the building inspect	or and the head	of the fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132000098	C	ITY OR TOWN WALTHAM
APPLICATION FOR RENEWAL:	Annual CLASS	LICENSED FOR 2013 YEAR
LICENSEE NAME: WALTHAM DOING BUSINESS A UNO CHI ADDRESS 155 BEAR HILL RD	I UNO, INC.	
CITY/TOWN: WALTHAM	STATE: MA	ZIP CODE: 02451
MANAGER: Reardon, Robert	TYPE OF LICENSE: Restau	rant CATEGORY: All Alcohol
EMAIL ADDRESS: PLEASE ALSO VISIT	T OUR WEBSITE AND ENTER YOUR EMAII	ADDRESS
DESCRIPTION OF LICENSED POSINLGE LEVEL BLDG APPROX AND PREP AREA AND SERVICE RESTROOMS	7000 SQ FT. CONSISTING	OF A BAR/LOUNGE. KITCHEN ES. STORAGE AREA AND PUBLIC
2. the licensee has complie	enalties of perjury that: I be of the same type for the same the dwith all laws of the Common pen for business (If not explain	nwealth relating to taxes; and
SIGNED BY: Individual, I	Partner or Authorized Corporat	e Officer
DATE: TELE	PHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the build	ing inspector and the head of	ertificate required by Chapter 304 of the fire department for the above named nired by Chapter 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 132000100		CITY OR TO	WN WALIHA	IVI
APPLICATION FOR	R RENEWAL:	Annual	LI	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	WCD INC.				
DOING BUSINESS	A SABATINO'S I	TALIAN KITCHEN			
ADDRESS 895 MAI	IN STREET				
CITY/TOWN: WA	LTHAM	STATE: MA	ZIP COD	E: 02453	
MANAGER: OWE	EIS, SUHAIL T	YPE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
•	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREM	IISES:			
		WITH TWO ROOMS GE IN REAR OF A F			ONE
I hereby certify and s	wear under penalti	es of perjury that:			
1. the renew	ed license will be o	of the same type for the	e same premises	now licensed;	
2. the license	ee has complied wi	th all laws of the Com	monwealth relat	ing to taxes; and	
3. the premis	ses are now open for	or business (If not exp	lain below)		
SIGNED BY:					
	Individual, Partn	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	NE NUMBER:		OYER IDENTIFICAT	
			(Note: NO	<u>T</u> Individual Social S	Security Number)
We the undersigned	d. attest that we a	re in possession (1) th	ne certificate re	guired by Chapt	er 304 of the
Acts of 2004, signed	d by the building i	nspector and the hea	d of the fire de	partment for the	above named
license and (2) the c	certificate of liquo	r liability insurance	required by Ch	apter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LIC	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	un)				
DATE.					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 132000101		CITY OR TO	WN WALIHA	IVI
APPLICATION FOR	RENEWAL:	Annual	LI	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 484 MOO	A HABANERO M		-TEQUILA BA	R	
CITY/TOWN: WAI		STATE: MA	ZIP CODI	E: 02452	
MANAGER: KNIC	GHT, TERRY TY	PE OF LICENSE:Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF I APPROX. 2,800 SQ. ROOMS, A BASEM	FT ON 1ST. FL.,	A KITCHEN, DININ	G AREA, A BA	R AND STORAC	GE
2. the license	ed license will be o	f the same type for the h all laws of the Com r business (If not exp	monwealth relat		
SIGNED BY:	Individual, Partne	er or Authorized Corp	oorate Officer		
DATE:	TELEPHO:	NE NUMBER:		OYER IDENTIFICAT $rac{\mathbf{T}}{\mathbf{I}}$ Individual Social S	
We the undersigned Acts of 2004, signed license and (2) the c	by the building in	spector and the hea	d of the fire de	partment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LIC By:	ENSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 132000102		CITY OR TOWN WALTHA	M
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME	: WATCH CITY	BREWING COMPAN	Y	
DOING BUSINESS	S A WATCH CITY	BREWERY		
ADDRESS 254 MC	OODY ST			
CITY/TOWN: WA	ALTHAM	STATE: MA	ZIP CODE: 02453	
	LAUGHLIN, T RY J.	YPE OF LICENSE: Rec	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS	_
DESCRIPTION OF	LICENSED PREM	MISES:		
MOODY ST AND	REAR ENTRANC	ES. KITCHEN, BAR/L	FT WITH A MAIN ENTRANCE OUNGE AND DINING ROOM ENT AND MICROBREWERY V	ON
I hereby certify and	swear under penalt	ies of perjury that:		
1. the renev	wed license will be	of the same type for the	same premises now licensed;	
2. the licen	see has complied w	rith all laws of the Comr	monwealth relating to taxes; and	
3. the prem	ises are now open f	for business (If not expl	ain below)	
SIGNED BY:	Individual Dage	ner or Authorized Corpo	orata Officar	
	marviduai, Paru	ner of Aumorized Corpo	orate Officer	
DATE:	TELEDIA	ONE NUMBER:	EMPLOYER IDENTIFICA	ΓΙΟΝ NUMBER:
	IELEPH	JINE NUMBER:	(Note: NOT Individual Social S	
Acts of 2004, signe	ed by the building	inspector and the head	e certificate required by Chapt d of the fire department for the equired by Chapter 116 of the	above named
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved exp	Lain)			
(ii disappioved exp.	14111 <i>)</i>			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013	
CT ACC	
CLASS YEAR	
LICENSEE NAME: 474 ASSOCIATES, INC	
DOING BUSINESS A TEMPO	
ADDRESS 474 MOODY ST	
CITY/TOWN: WALTHAM STATE: MA ZIP CODE: 02451	
MANAGER: SIGEL, NATHAN J. TYPE OF LICENSE: Restaurant CATEGORY: All Ale	cohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:	
123 SEAT RESTAURANT INCLUDING 17 BAR SEATS. ALL SEATS WITH FULL SERVICE DINING FEATURES	
I hereby certify and swear under penalties of perjury that:	
 the renewed license will be of the same type for the same premises now licensed; the licensee has complied with all laws of the Commonwealth relating to taxes; and 	
3. the premises are now open for business (If not explain below)	
SIGNED BY:	
SIGNED BY: Individual, Partner or Authorized Corporate Officer	
Individual, Partner or Authorized Corporate Officer	
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:	
Individual, Partner or Authorized Corporate Officer	
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUM (Note: NOT Individual Social Security Note) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of	umber) of the
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUM (Note: NOT Individual Social Security No.	umber) of the named
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUM (Note: NOT Individual Social Security Note) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of Acts of 2004, signed by the building inspector and the head of the fire department for the above in	umber) of the named
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUM (Note: NOT Individual Social Security Notes) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of Acts of 2004, signed by the building inspector and the head of the fire department for the above relicense and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of Please Check Below: APPROVED: LOCAL LICENSING AUTHORITY By:	umber) of the named
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUM (Note: NOT Individual Social Security Numbers) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of Acts of 2004, signed by the building inspector and the head of the fire department for the above in license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of Please Check Below: APPROVED: DISAPPROVED: By: DISAPPROVED:	umber) of the named
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUM (Note: NOT Individual Social Security Notes) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of Acts of 2004, signed by the building inspector and the head of the fire department for the above relicense and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of Please Check Below: APPROVED: LOCAL LICENSING AUTHORITY By:	umber) of the named
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUM (Note: NOT Individual Social Security Numbers) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of Acts of 2004, signed by the building inspector and the head of the fire department for the above in license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of Please Check Below: APPROVED: DISAPPROVED: By: DISAPPROVED:	umber) of the named



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 132000104		CITY OR TOWN	WALTHAN	M
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	TIERRA MIA INC.				
DOING BUSINESS	A MI TIERRA RESTA	AURANT			
ADDRESS 583-585	MOODY STREET				
CITY/TOWN: WA	LTHAM	STATE: MA	ZIP CODE:	02453	
	RCENES, TYPE ARET MARIA	OF LICENSE:R6	estaurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS	TE AND ENTER YOUR H	CMAIL ADDRESS		_
	LICENSED PREMISES				
_	NE FLOOR AT STREE E AND THREE EXITS			STORAGE.	THERE.
	see has complied with all ises are now open for bu Individual, Partner or	siness (If not exp	lain below)	o taxes; and	
DATE:	TELEPHONE 1	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER:
Acts of 2004, signe	ed, attest that we are in d by the building inspe certificate of liquor lia	ctor and the hea	d of the fire departr	nent for the	above named
Please Check Below:			LOCAL LICENS	ING AUTH(ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved expl	oin)				
(11 disappioved expi	am,				_
DATE:			-		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 132000105		CITY OR TOW	'N WALTHAN	M
APPLICATION FO	OR RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAMI	E: LAMEZIA,ING	C.			
DOING BUSINES	S A MARCELLIN	NO			
ADDRESS 11 CO	OPER ST				
CITY/TOWN: W	ALTHAM	STATE: MA	ZIP CODE:	02453	
	ORTE, OVANNA	TYPE OF LICENSE:R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT OF	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION O	F LICENSED PRE	EMISES:			
FOR 100 PATRON	NS, ROOF DECK	DECK CONSISTING O SEATING 25 AND A F ND A LOADING DOC	FUNCTION ROOM	M SEATING 200	
I hereby certify and	d swear under pena	lties of perjury that:			
1. the rene	ewed license will be	e of the same type for the	ne same premises n	ow licensed;	
2. the lice	nsee has complied	with all laws of the Con	nmonwealth relatin	g to taxes; and	
3. the prer	nises are now open	for business (If not exp	olain below)		
SIGNED BY:	I. P. M. I. D.	A discontinuo	OCC		
	individual, Par	tner or Authorized Cor	porate Officer		
DATE:			EMBLO	VED IDENTIFICAT	NON MINADED
DATE.	TELEPH	IONE NUMBER:		YER IDENTIFICAT Individual Social So	
			\ <u></u>		
Acts of 2004, sign	ed by the building	are in possession (1) t g inspector and the he uor liability insurance	ad of the fire depa	artment for the	above named
Please Check Below:			LOCAL LICE	NSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved exp	olain)		-		
DATE:					<u></u>



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 132000106		CITY	OR TOWN	WALTHAN	M
APPLICATION FOR	R RENEWAL:	Annua CLAS		LICEN	SED FOR 20)13 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 336 MOO	A NEW MOTHER I					12.11
CITY/TOWN: WAI	LTHAM	STATE:	MA ZI	P CODE:	02453	
MANAGER: SAHI	NI, SHAM LAI TYP	E OF LICENS	E:Restaurant	C	ATEGORY:	All Alcohol
DESCRIPTION OF I	FRAME BLDG. WI	ES: TH TWO ROO	OMS ON TH	IE FIRST FL		
ROOM IN THE BAS OF APPROX. 3000 S						SISTING
2. the license	ed license will be of the has complied with sees are now open for be Individual, Partner	all laws of the ousiness (If not	Commonwea explain belo	ow)		
DATE:	TELEPHONI	E NUMBER:	(TON NUMBER: ecurity Number)
Acts of 2004, signed	l, attest that we are i l by the building inspectificate of liquor l	pector and the	head of the	fire departi	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOC By:	CAL LICENS	SING AUTHO	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 132000107		CITY OR TOWN	WALTHAI	M
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
	DELEGAS BROTE A DEMOS RESTAU				
ADDRESS 146 LEX	KINGTON STREET				
CITY/TOWN: WA	LTHAM	STATE: MA	ZIP CODE:	02452	
	EGAS, TYF HOLAS J.	PE OF LICENSE:	Restaurant C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE		EMAIL ADDRESS		
	LICENSED PREMIS		G		
Front and side doors restrooms and storag		yees and deliverie	s. Seating for 129 patr	rons, kitchen,	
2. the licens		all laws of the Corbusiness (If not ex	. ,		
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc		TON NUMBER: ecurity Number)
Acts of 2004, signe	d by the building ins	spector and the he	the certificate require ad of the fire departe required by Chapte	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: I	32000108		CITYC	DK TOWN	WALIHA	NI
APPLICATION FOR R	ENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: (CRESCENT ENTERI	PRISES, INC.				
DOING BUSINESS A	MOODY SPA					
ADDRESS 811 MOOD	Y ST					
CITY/TOWN: WALT	HAM	STATE: M	A ZIP	CODE:	02453	
MANAGER: SCHAF KENNE		OF LICENSE:	Package Sto	ore C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PLE	EASE ALSO VISIT OUR WEBSI	ITE AND ENTER YOU	R EMAIL ADDRE	ESS		_
DESCRIPTION OF LIG						
ONE STORY BLDG W AND A REAR ENTRA						
	has complied with all are now open for bu			_	to taxes; and	
	ndividual, Partner or	Authorized Co	rporate Offi	cer		
			Г			
DATE:	TELEPHONE I	NUMBER:	(Ne			TION NUMBER: ecurity Number)
Please Check Below: APPROVED:				AL LICEN	SING AUTH	ORITY
DISAPPROVED:			By:			
(If disapproved explain))					
DATE.						
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUME	BER: 132000109		CITY OR TOWN WALTI	HAM
APPLICATION I	FOR RENEWAL:	Annual	LICENSED FOR	2 2013
		CLASS		YEAR
LICENSEE NAM	IE: RL, INC			
DOING BUSINE	SS A SOLEA RES	STAURANT & TAPAS BA	AR	
ADDRESS 386-8	8 MOODY ST			
CITY/TOWN: V	VALTHAM	STATE: MA	ZIP CODE: 02453	
MANAGER: R	EVERANDO, ARLOS A.	TYPE OF LICENSE: Res	taurant CATEGOR	Y: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EN	IAIL ADDRESS	
	OF LICENSED PR			
RECEPTION AR	EA AND A BAR,	CAFE AND DINING ROO	OF A KITCHEN AND BAT OM. 2200 SQ FT IN BASEM XPANDING TO INCLUDE	IENT.
I hereby certify ar	nd swear under pen	alties of perjury that:		
1. the ren	newed license will l	be of the same type for the	same premises now licensed;	
2. the lice	ensee has complied	l with all laws of the Comn	nonwealth relating to taxes; ar	nd
3. the pre	emises are now ope	en for business (If not expla	in below)	
SIGNED BY:	Individual, Pa	artner or Authorized Corpo	rate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFIC	
Acts of 2004, sig	ned by the buildi	ng inspector and the head	e certificate required by Cha of the fire department for the equired by Chapter 116 of t	the above named
Please Check Below:			LOCAL LICENSING AUT	ΓHORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved ex	kpiain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 132000111		CITY	OR TOWN	WALTHAN	M
APPLICATION FOR	R RENEWAL:	Annual	I	LICEN	SED FOR 20	013
		CLASS	3			YEAR
	WALTHAM RESTA A MARGARITAS M			& WATERII	NG HOLE	
ADDRESS 211 MO	ODY ST					
CITY/TOWN: WA	LTHAM	STATE:	MA ZII	P CODE:	02453	
MANAGER: RUT	STEIN, ADAM TYP	E OF LICENSI	E:Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
'	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER Y	OUR EMAIL ADDR	RESS		1
7120 SQ FT ON FIR	LICENSED PREMIS ST FLOOR CONSIS ND OUTSIDE PAIO	ITING OF A K				
 the renew the license 	wear under penalties of the dicense will be of the dicense will be of the dicense with a ses are now open for the dicense are now op	he same type for all laws of the	Commonweal	lth relating to		
SIGNED BY:	Individual, Partner of	or Authorized (Corporate Off	ficer		
DATE:	TELEPHONE	E NUMBER:	7)		R IDENTIFICAT	
Acts of 2004, signed	d, attest that we are i d by the building insp certificate of liquor li	pector and the	head of the	fire departi	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)		LOC. By:	AL LICENS	SING AUTHO	DRITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	132000112		CITY OR TOW	N WALIHA	IVI
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	PFC JOHN M SUL	LIVAN VFW POST	C#10334		
DOING BUSINESS A	Λ				
ADDRESS 623 TRAF	PELO RD				
CITY/TOWN: WAL	THAM	STATE: MA	ZIP CODE:	02451	
MANAGER: REID,	JOHN TYP	PE OF LICENSE: Ve	terans club	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
Pl	LEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMIS	SES:			
FIRST FLOOR, 558 S	SF BASEMENT				
I hereby certify and sw	vear under penalties	of perjury that:			
1. the renewed	d license will be of	the same type for the	same premises n	ow licensed;	
2. the licenses	e has complied with	all laws of the Com	nonwealth relatir	ng to taxes; and	
3. the premise	es are now open for	business (If not expl	ain below)		
SIGNED BY:					
	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLO	YER IDENTIFICA	ΓΙΟΝ NUMBER:
			(Note: NOT	Individual Social S	Security Number)
We the undersigned	attact that we are	in neggession (1) th	o gortificato roc	uinad by Chant	on 201 of the
We the undersigned, Acts of 2004, signed					
license and (2) the ce					
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			Ву:		
DISAPPROVED:			•		
(If disapproved explain	n)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 132000113		CITY	OR TOWN	WALTHAI	M
APPLICATION FO	R RENEWAL:	Annua	1	LICEN	ISED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME:	DF CONVENI	ENCE INC.				
DOING BUSINESS	A DESPENSA I	FAMILIAR				
ADDRESS 34-36 El	LM STREET					
CITY/TOWN: WA	LTHAM	STATE:	MA ZII	P CODE:	02451	
MANAGER: ART	TICA, KARLA	ΓΥΡΕ OF LICENS	E:Package St	ore C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OU	JR WEBSITE AND ENTER Y	OUR EMAIL ADDE	RESS		_
DESCRIPTION OF						
APPROX 750 SQ F LOCATED IN A BI ENTRANCE/EXIT	LDG ON THE CO	RNER OF LEXIN	GTON AND			RAGE
I hereby certify and	swear under penal	ties of perjury that:				
	=	of the same type for		remises now	licensed;	
2. the licens	ee has complied v	with all laws of the	Commonweal	lth relating (to taxes; and	
3. the premi	ses are now open	for business (If not	explain belo	w)		
SIGNED BY:						
	Individual, Par	tner or Authorized	Corporate Of	ficer		
DATE:	TELEPH	ONE NUMBER:		EMPLOYE	R IDENTIFICAT	TION NUMBER:
			1)	Note: <u>NOT</u> In	dividual Social S	Security Number)
Please Check Below:			LOC	AL LICENS	SING AUTHO	∩DITV
APPROVED:			By:	AL LICEN	SING ACTIN	OKITT
DISAPPROVED: [
(If disapproved explain	ain)					
DATE						
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	l: 132000114		CITY OR TOWN WALTHA	M		
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FOR 2	013		
		CLASS		YEAR		
LICENSEE NAME:	HUAMULAN	INC.				
DOING BUSINESS	A MULAN TA	IWANESE RESTAURA	NT			
ADDRESS 835 MAI	N STREET					
CITY/TOWN: WAI	LTHAM	STATE: MA	ZIP CODE: 02451			
MANAGER: TAN	, HONG	TYPE OF LICENSE: Re	estaurant CATEGORY:	Wine and Malt Regular		
EMAIL ADDRESS:						
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS			
DESCRIPTION OF I	LICENSED PR	EMISES:				
		THE FIRST FLOOR CC T FOR STORAGE PURI	ONTAINING BOTH KITCHEN . POSE	AND		
I hereby certify and s	wear under pena	alties of perjury that:				
1. the renew	ed license will b	e of the same type for the	e same premises now licensed;			
2. the license	ee has complied	with all laws of the Com	monwealth relating to taxes; and			
3. the premis	ses are now open	n for business (If not expl	lain below)			
SIGNED BY:						
	Individual, Pa	rtner or Authorized Corp	orate Officer			
DATE:	TELEP	HONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER:		
			(Note: <u>NOT</u> Individual Social Security Number)			
Acts of 2004, signed	d by the buildin	ng inspector and the hea	ne certificate required by Chap ad of the fire department for the required by Chapter 116 of the	e above named		
Please Check Below:			LOCAL LICENSING AUTH	IORITY		
APPROVED:			By:			
DISAPPROVED:	uin)					
(If disapproved expla	IIII <i>)</i>					
DATE:						
APPLICATION FOR RENEW	VAL MUST BE FILED	BY LICENSEES DURING THE M	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 132000115		CITY OR TOWN	WALTHAN	M			
APPLICATION FO	R RENEWAL:	ENEWAL: Annual		LICENSED FOR 2013				
		CLASS			YEAR			
	KIMBAMAN COR A MOE'S SOUTHW	•	VALTHAM					
ADDRESS 831 MA	IN STREET							
CITY/TOWN: WA	LTHAM	STATE: MA	ZIP CODE:	02451				
MANAGER: HIX R.	SON, STEVEN TYP	E OF LICENSE:R	estaurant CA	ATEGORY:	Wine and Malt Regular			
EMAIL ADDRESS:								
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS								
	LICENSED PREMIS		ACE CONSISTING	OE 2420 CO				
	TAURANT WITH B. ON MAIN STREET A							
I hereby certify and	swear under penalties	of perjury that:						
	ved license will be of the	• •	•					
	ee has complied with		_	o taxes; and				
3. the premi	ses are now open for b	ousiness (If not exp	olain below)					
SIGNED BY:	Individual, Partner	or Authorized Cor	porate Officer					
DATE:	TELEPHONE NUMBER:			EMPLOYER IDENTIFICATION NUMBER:				
			(Note: <u>NOT</u> Individual Socia		ecurity Number)			
Acts of 2004, signe	d, attest that we are i d by the building ins certificate of liquor l	pector and the he	ad of the fire departı	nent for the	above named			
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY			
APPROVED:			By:					
DISAPPROVED:	oin)							
(If disapproved expl	aiii <i>)</i>							
DATE:								